

**Interviewee:** Light, Robley  
**Interviewer:** Karen Thomas  
**Date of interview:** November 12, 2006  
**Category:** FSU Medical School  
**Status:** Open  
**Tape location:** Box #53

**Thomas:** Can you tell me about your background as a basic scientist and as a medical educator?

**Light:** I was a graduate student in chemistry at Duke University. My introduction — following undergraduate chemistry degree at Virginia Polytechnic Institute, my introduction to biochemistry came in the graduate program, in which I took a course in biochemistry and got a minor in biochemistry, which sparked my interest in that field. So when I completed the degree in organic, I sought to do post-doctorate work in biochemistry, and at the recommendation of Phil Handler, who was chair of biochemistry, I applied to Professor Konrad Bloch at Harvard and was accepted there for two years, as a post-doctoral student. I was on a National Science Foundation fellowship. Finishing the two years at Harvard, I interviewed at Florida State for the position and was hired in 1962. So I was hired as a biochemist, even though most of my training had been organic chemistry, and taught chemistry, biochemistry courses, and so forth. Was in about 1968, I believe, that things started happening that ultimately led to the PIMS program. Robert Hull, who was chairman of biology at the time, hired a physician from Miami named Winter Griffith to be pre-med advisor. And apparently was some motivation to look into the possibility of establishing a medical program at Florida State. I was not completely privy to all the motivation there or what was going on in Gainesville at the time, but the reaction of the faculty in chemistry and in some other areas of the university was fairly negative at this move. And so in response to that, the Dean of Arts and Sciences, Bob Lawton, Robert Lawton, appointed a committee to look into the possibility of developing a medical program. As a young biochemist, assistant professor, I got appointed to that committee along with a colleague in chemistry, Charles Mann, I believe Lloyd Beidler from biology, and Harry Lipner from biology were also on the committee, as was Bryan Robinson, who I think at the time had recently been hired in the Psychology Department in neuroscience. He had come from the Yerkes Institute in Atlanta. There may have been other committee members, but those were the only ones I remember. And I'm not quite sure how I got appointed as chair, since I was the youngest person in the group. This committee was charged to look into what could be done at Florida State with respect to medical education. We visited several schools around the country that had started two-year programs. Bryan Robinson and I visited University of California, San Diego, in which the first two years were dispersed into the regular Arts and Sciences college of the university, and Irvine, in which a similar sort of program was going on. I know there were visits to Brown University that had established sort of a new model of education. And I can't remember the others, possibly Indiana, but I don't remember the others.

**Thomas:** This was the era of a lot of innovation in medical education and health care

generally, such as the Regional Medical Program and later the Area Health Education Centers program. Did any of that influence you or what were your broader influences?

**Light:** Well, I would say personally my connection here was the fact that I was a biochemist and biochemistry was one of the first courses that medical students take at the time, and I had no previous experience specifically with medical schools or medical education.

While we were involved in looking into this, we also visited Gainesville to discuss the possibilities, and I learned that there had been discussions going on there already involving Paul Elliott and Manny Suter, in looking into a model of dispersing some of the basic science courses into the university curriculum as opposed to having specific basic science courses for medical students. I believe concurrently while this was going on, Gainesville was revising their medical school curriculum, so instead of a traditional two-years basic science, two years clinical science, as has been the case beginning with the Flexner Report or something many years ago —

**Thomas:** Yes, back in 1910 —

**Light:** — they changed the curriculum to a one-year basic science, moving into clinical studies in the second and third year, and then I believe in the fourth year, going back to some of the basic science, more advanced basic sciences. That move made it possible for us to consider a medical program that was one year instead of a two-year medical program which was the case in other places in the country. So as chair of that committee, I got an education of what was going on —

**Thomas:** And a one-year program would seem to be advantageous because —?

**Light:** A one-year program was seen as a way to expand the class size at Gainesville without having to add new basic science faculty at Gainesville. At least, that was my impression of the motivation behind that. There may have been other motivations that I'm not aware of. In a discussion — I recall a discussion with Manny Suter to the effect of, "Well, why can't you just go ahead and pick some students and get started over here?" And in fact, that was about the time, I think — beginning with Winter Griffith, I believe the first year class consisted of about five students that — and they may have actually been selected before a selection committee was set up and running.

Our committee met with some resistance among faculty. They were not too keen about having a medical school at the university, feeling like a medical school would often be a drain on resources. Nonetheless, the committee recommended to proceed; they felt — committee members felt — that this would attract better students to the university at the undergraduate level. And so the next step was to search for someone to direct the program. The committee there was chaired by Robert Johnson, who was Dean of the Graduate School. I was a member of that committee as well; I don't remember who else was on that committee. But ultimately we interviewed and decided to hire Paul Elliott from Gainesville, who had been involved in developing ideas of this sort of extension of basic science studies into the mainstream of the university. Of course, we asked the question, "Why don't you do this in Gainesville, and you could expand the undergraduates there." The answer seemed to be, "Well, that was politically

problematic to do it and it would be easier to do it at a place like Florida State.” So Paul was hired – I’m not sure — let’s see, my committee served — Winter Griffith must have been hired about the fall of ‘68, I believe, and my committee operated, I think, during 1969. So Paul Elliott must have been hired in late ‘69 or sometime in 1970. I presume you have the exact date there. I spent a leave of absence – not exactly a sabbatical, but a six-month leave in the last half of 1970 in Stockholm. So when I returned, the program was already underway.

**Thomas:** And there was funding in place.

**Light:** And there was funding in place. I think Paul had applied for a grant from the Commonwealth Foundation and there was some federal capitation money, and he developed what seemed to me a very innovative way of identifying students early, sort of moving them into the program, developed a status called “secured” in which a student in I guess the junior year could actually be secured as a student, which meant that he would get into the program provided his academic record continued satisfactorily.

**Thomas:** How early could undergraduate students begin the program?

**Light:** I believe in the junior year. The model developed involved at first using existing courses within chemistry, biology, psychology, and the students could start taking them as a junior and put off some of the graduation requirements so that over a two-year span they could take both the medical school courses and the rest of the courses they would need for graduation. At that point in time, the pharmacology course that they needed was taught at Florida A and M. And so Florida A and M was brought into the mix of the process here —

**Thomas:** And FSU did not have a pharmacology —

**Light:** FSU did not have a pharmacology degree or any courses in pharmacology. One of the motivations I think that Paul Elliott brought into the mix was to increase minority participation in medical education, and so that was another goal for involvement of Florida A and M. For some years, that gradually became problematic because the Florida A and M students who came in the program and confronted some of the more difficult courses in the curriculum simply didn’t measure up. We had several situations of students who were sort of recycled; they would fail courses and would have to come back and retake courses and so forth. I had the impression – I don’t know if it’s true or not – that the better students from Florida A and M were not directed to this program but were simply – easily could get into the better medical schools around the country who were also seeking minority students. At some point, and I don’t remember exactly when this happened, there was a second change in the curriculum in Gainesville, in which pharmacology was moved to the second year and was removed from the first year of the curriculum. And so that removed the need for us to have a pharmacology course as part of the PIMS courses. I think when that happened that the participation of Florida A and M sort of gradually waned. It wasn’t something that happened all at once, but it just sort of gradually – and perhaps Paul Elliott or Robert Reeves would be better to say when that occurred.

**Thomas:** May I ask you, this is one thing that there are different versions and perspectives on — Paul Elliott said that PIMS was originally a two-year program? You haven't mentioned anything about it ever being a two-year program.

**Light:** No, it was a one-year program.

**Thomas:** It was always a three semester program? Okay. Anyway, the order of those events that you just described was slightly different than what Elliott had mentioned, and I don't know — check on that —

**Light:** Okay. Well, if you remember what his order was, then maybe I can kind of —

**Thomas:** Well, he said that FAM's — that pharmacology was included in PIMS and that a FAM faculty member was fired over grading policies and that it was that event that took FAM and pharmacology out of PIMS, and that after that, PIMS kind of went back to being a one-year program — so that's — I'm not sure when the pharmacology was moved from first to second year and when FAM — how those things fit together, FAM, UF, and pharmacology.

**Light:** Okay. There may have been some things going on that I was not aware of during that period of time. But if FAM was removed — I don't see how we could have removed pharmacology from the curriculum if it hadn't already been pushed into the second year at Gainesville.

**Thomas:** Yeah, those things happened kind of simultaneously, and that resulted in it being changed from a two-year to a three semester program — but we'll ascertain that later. So please continue. You were talking about the different goals of PIMS at the outset.

**Light:** Well, the various goals that I have heard expressed at the time: one was the ability to expand the class size without hiring a lot of new expensive medical school faculty. In fact, I think at the time the University of Florida at Gainesville was taking annually eighty-five students and we set up a program in which we could take thirty students. And so the thirty students would add to the eighty-five in the second year and become 115 students. Somewhere in the early years, the chancellor of the Board of Regents hired Ken Penrod from Indiana to monitor, I guess, what was going on with respect to the PIMS program but also to look into other ways that medical education could be expanded, in particular by also spreading the students out into various locations for clinical training, such as Jacksonville, Mayo Clinic at Mayo, Florida, and other places. I'm not sure if that was in response to what was happening at Florida State or an independent action.

**Thomas:** It was contemporary with —

**Light:** It was in the first year or two, I believe, that PIMS was underway, that that happened.

**Thomas:** Do you happen to know what Penrod's title was or — ?

**Light:** Probably associate chancellor for something or other, like —

**Thomas:** Okay, and he was at UF?

**Light:** No, he was here in Tallahassee. He was here with the Board of Regents in Tallahassee at that time. So one of the motivations that was sold to people was that this was a less expensive way to expand medical education. A second motivation I think that primarily Paul brought to the program was to include more minorities. And then a third one that was discussed, and I'm not sure exactly what point in time it became uppermost, was to hire more primary care physicians from rural communities that would be more likely to go back to rural communities. I believe Paul had been involved nationally with the medical education in terms of trying to figure out what characteristics of students were — how to select students that would be mostly likely for that to occur. I had the impression that there possibly was some — maybe not resentment or some dissatisfaction among some Gainesville faculty with respect to the fact that Florida State was picking thirty students primarily from undergraduates at Florida State, whereas there at Gainesville when they were selecting their eighty-five students, they had huge pools of students. In fact, I gather we — usually from the pool of students at Florida State we could not select enough to fill the class of thirty, so usually there were some taken off of the alternate list at Gainesville and —.

There were a couple of features of the PIMS program that I felt were sort of unique. One, that it was a small group of students, thirty students, and they rapidly developed a close camaraderie with each other. So there was none of this medical school competitiveness that we used to think characterized med students of — you know, competing with each other and stealing books from the library so the other student couldn't study properly for an exam and so forth. But they in fact began to help each other out in terms of studying. And I think partly doing that because they may have felt that the courses they were getting here, you know, were not directed to medical education, so they had to do a little extra work to bring the medical relevance into the mix. But in any event, this created a small group of students that then when they went to Gainesville, continued to be helpful and cooperative with each other. And in our selection criteria, the grade point average or MedCat scores became less important than they seemed to be at other medical schools, and we could pay more attention to other qualities of the individual. Since they were students at Florida State, most of the people on the selection committee had known them for several years and they felt the better able to judge these students because we'd had more contact than you get in a typical medical school interview visit with someone from another place. We also took a lot of non-traditional students, older students, you know, who may have been in some other direction and finally decided that they want to go into medicine or sometimes some athletes, you know, that may not have quite had the grade point average to make them competitive but had the characteristics that you felt were good quality —. And this gradually evolved, I think, into a "PIMS model" of a sort of student, non-traditional student. We did — at some point there was an expansion to include West Florida, I believe, as a

**Thomas:** That was in '85, I believe.

**Light:** Probably. That was later on, so I'm getting ahead of the game here. Let's see — as I said, the curriculum started out based upon courses that existed. So the med students would be taking a course along with graduate students. But gradually a specific course was introduced. For example, in biochemistry there was a course in — we called it Human Biochemistry, I guess, a course in sort of pathological biochemistry introduced as a second quarter. I would also say that in the time that the program was begun, we were on the quarter system, and that built in a lot more flexibility in terms of course offerings and how students could combine courses in different ways and how the courses could be spread out over perhaps their senior year and their first year curriculum. When we later moved to a semester system, that became less flexible and the curriculum gradually evolved into specific courses for the medical students as opposed to other students. In 1972, David White was hired as a microbiologist; I believe he was at Kentucky when he was brought in here. He was an MD and he sort of helped develop some of the clinical experiences for the students. The idea was to get some clinical exposure and experience in the first year. I think this was another move that was going on nationally in medical education. He set up a neighborhood health clinic that would screen people for diabetes and high blood pressure and involved PIMS students —

**Thomas:** Do you know where that clinic was located?

**Light:** In the beginning it was located in the basement of the Presbyterian University Center, just across the street from the Psychology Building. I don't remember how long — as long as I remember it going on, it was there, but it may have in later years gone some place else.

**Thomas:** Because I heard that at one point there was a neighborhood clinic somewhere on the south side of Tallahassee, but —

**Light:** Could have been, but I don't know when that happened.

**Thomas:** Okay.

**Light:** So during those early years, Elliott sort of developed a fairly smooth operation in terms of selecting students. I was teaching a biochemistry course — there was an advisory committee, I believe, that I was on from time to time. In 1978, I think it was '78, Elliott resigned and I was appointed to a committee to search for a replacement director. We spent several months — I'm not sure it was up to a year, unable to locate anyone, and so at the end of summer of '78, they asked me if I would be willing to serve as interim or acting director while we continued the search. And I ultimately agreed to that. I was not interested in applying for or becoming full time director because again my connection to medical education was sort of peripheral all along. But I did feel like it was a program worth keeping. And I think in connection with that I got them to agree that I would chair the search committee, just to make sure we got the search accomplished. I don't remember — we interviewed probably half a dozen people. Ultimately we found some interest on the part of Robert Reeves, whom I had previously hired in chemistry — I chaired a search committee that hired him in biochemistry some years before. So he had been a faculty member in chemistry for about five or six years, and then he left to go to

Memphis, and I think he and his family still liked Tallahassee, and so when we discovered that he was interested, we finally attracted him back. So in '79, I guess, he was hired as the director.

**Thomas:** And if I can stop you at this point — this seems like a major transition point for PIMS. What was the search committee looking for in a director who would succeed Paul Elliott, who had been, you know, the founding director and you know, had done a lot to get the program going and —

**Light:** I'm not sure that I had a clear vision myself, other than someone who would sort of continue the program as it was designed and set up. Unfortunately, I can't remember who we interviewed, but there were a number of different types of people that we'd interviewed who had some contact with medical education. But I think the ones that were more closely involved with medical education maybe didn't fare as well in terms of the perception of the committee.

**Thomas:** Why was that?

**Light:** Well, I don't know. That's just an idea that just now occurred to me; I'm not sure that that's actually a valid comment. There was a little bit of tension, I suppose, in that I had the feeling that [the] Biology Department was not too keen or enthusiastic about moving on in this direction. I do remember a candidate that we were almost settled on, but I gather that biology was not terribly happy with that person as a candidate, and so ultimately we didn't proceed with that person. And I don't remember who that was. But finally Bob Reeves surfaced as a possibility that was satisfactory with biology faculty, where he would have his academic home, and we proceeded with that.

**Thomas:** At this time in '78-'79, was minority recruitment no longer a primary goal of PIMS, or would you disagree with that?

**Light:** Probably not as much a priority as it had been early with Paul Elliott. It was still a goal, but I think at that point we had the — I believe the interaction with Florida A and M was already — had already stopped at that point. I do recall at one point, and it must have been before this, that Florida A and M wanted to have their chemistry course taught at FAMU count as the biochemistry course in lieu of Florida State's biochemistry. And I do remember one year that we sort of ran a test by giving the standardized test to people who took the course from me and the students that took the course at FAMU, and the FAMU students did not do very well on the standardized test. So ultimately we did not agree to allow that course to stand instead of the FSU course.

**Thomas:** So what do you think — how had the program evolved in that first phase under Elliott and what were the primary goals of the program by this transition point in '78 and '79?

**Light:** I think the goals were — had become primarily to select individuals with the humane characteristics that you would want in a physician, that they were — and of course that they had the coping skills to handle medical school. But that became sort of more important than the

academic record provided there was a certain level of academic ability was met. And so we didn't necessarily take the student with the highest GPA or the highest MedCat scores. I recall an instance — I don't know if this is something that we should include or not — why don't you turn it off and let me tell you —

**Thomas:** Sure.

[recording resumes]

**Light:** Let's see — I guess during that year as acting director, I basically tried to continue running the program in the same mode that Paul Elliott had set up. And I think — I became involved, of course, in the selection process for the students and we did have students, PIMS students, as members of the selection committee. I guess we thought this also gave us more insight into the qualities of the students that were being considered because these students may have known them over some period of time.

**Thomas:** Was that the case in the beginning?

**Light:** I don't remember in the very beginning years how it was set up. I was not on the selection committee at the start of the program.

**Thomas:** Was there any concern or resistance to having students on the committee?

**Light:** Not to my knowledge.

**Thomas:** How were students selected to be on the selection committee, that is?

**Light:** I don't recall specifically. Probably the faculty — perhaps the faculty got together and you know, considered who might be selected. There's a couple of names I haven't mentioned that played important roles in this period. One was Bud Berringer. Bud was a — he was a faculty member in physical education and taught an anatomy course in phys. ed. So he became the anatomy instructor. Then I think ultimately during Elliott's years he became sort of an assistant or associate director or something and was — I believe he was in charge — I think he was when I was the interim director, so he must have been before, in charge of working the selection process and on the selection committee. I mentioned Dave White had been hired.

So after we hired Bob Reeves back to Florida State to take over as director, I believe for a year or two I continued as a member of an advisory committee that met occasionally and I continued to teach the chemistry courses. We developed this new course, sort of human biochemistry, pathological biochemistry — at that time a faculty colleague that chemistry had hired was Richard Winsler who had been chair of biochemistry at a medical school, was very instrumental in helping to set up this course — we taught that course for a number of years but ultimately it was taken over — it ultimately evolved along the lines of a human genetics course and was taken over by biology faculty.

**Thomas:** And that was in the PIMS curriculum?

**Light:** That was a course in the PIMS curriculum, yeah. Somewhere in there we changed from the quarter system to a semester system, and so then the curriculum became less flexible than it was on the quarter system.

**Thomas:** I know that, you know, after this transition, after Rob Light [sic] (*possibly Thomas means Bob Reeves*) became director, one major change that PIMS underwent was that there's no more federal funding. Apparently there was a federal report that said there were too many physicians and the federal government significantly cut back or eliminated its support of medical education in the late '70s and so PIMS was having more problems financially and it became dependent on state support — either while you were director or afterward, do you remember any attempts to make up for that funding or to seek external funding?

**Light:** I don't recall any efforts to seek external funding. I do recall when I was acting director that there was a special appropriation that came to Florida State for the PIMS program, just as the medical school got a special appropriation apart from University of Florida regular appropriation, and at the time I think the director had some control of that money in terms of with that money came money to hire new faculty members. We hired an extra faculty member in chemistry at the time and I think biology had hired several faculty members and there were funds for — what we called OPS funds for graduate student support and other funds for the departments that could be allocated by the director to the departments in exchange for — the model was that the program had some money and would use this money to basically give the departments — biology, psychology, chemistry — to provide the courses for them. I believe it was shortly after Reeves took over that the dean basically took over these funds and did the allocations from the dean's office, so that actually removed some leverage from PIMS in terms of having resources, you know, to have some say-so over what direction the program took. I think you would have to ask Bob Reeves, though, what kind of problems that made for him in terms of resources.

**Light:** They did manage to —

**Thomas:** But this appropriation was an ongoing —

**Light:** Yes. But then, you know, it was sort of absorbed into the regular budget ultimately. I don't know at what point it was no longer identified as a separate item or even if it's still identified as a separate item through Myra's years. I don't know how that was handled. There were some funds, though, to do things like setting up a learning center for the students, a place where they could go and study together and a place where they could collect some medical books and so forth. It was not a huge infusion of money to add books to the library. There had been some of those kinds of resources.

**Thomas:** By the late '70s and early '80s, it sounds like there were some concerns about whether PIMS would actually continue as a program. Can you comment on that? What kind of challenges it faced?

**Light:** Well, I think — I seem to recall we were getting two different kinds of messages from Gainesville — PIMS students were not doing as well as Gainesville students in the basic science fields — on the board exams of the basic sciences. Of course, they weren't taking as extensive work in basic sciences. In biochemistry, for example, was just a one semester course they were taking here versus a much more involved course in terms of number of lectures and medical relevance and so forth that they were getting [static covers voices] at Gainesville. At the same time, reports were coming back that the PIMS students did much better in the clinical areas, in the interaction with patients, and they won more awards than the Gainesville students, more than their share of awards in that area, which would be an indication that we were picking good students. The choice of students for the physician characteristics were working out well. Maybe they weren't as good at taking basic science tests because they had taken these courses so early. I think the satisfaction, again, about the fairness of students at Florida State in the small pool being able to get in where it was this huge pool in Gainesville — I believe that ultimately evolved into sharing more in terms of the — accepting applicants from outside. In the beginning we did not accept applicants from other schools. Students might come here and take courses and then qualify. That evolved into expanding who would be accepted. And we had — representatives from Gainesville sat on the selection committee. So for several years towards the end of the PIMS program, I was asked to come back and serve on the selection committee, so I got a chance to see that that process had evolved. We would interview not just FSU students but we would accept outside applicants that we would choose for interviews and so forth. Sometimes we might take students from — if we did not fill the class from the ones we had accepted, we'd take some of the wait-listed students that Gainesville had on the wait list but had not accepted. So I think — I believe Myra Hurt probably reinforced this effort to identify a good physician, good individual, and to focus on primary care physicians, to focus on people that would be more likely to work in underserved areas.

**Thomas:** At the College of Medicine, I think even at PIMS in its later stages, there was concern about a holistic model of medical education that first did not — that integrated more clinical experience earlier than it traditionally had, and that medical education had become inhumane to the students, that the workload was so heavy and it was so competitive and that that was interfering with attracting what you were saying, the kinds of humane physicians that they wanted to. In what ways did PIMS try to improve the experience for the students?

**Light:** Well, I think during the early years and during my year and then the years following, probably in the '80s, as I said earlier, they developed a sort of a cohesive cooperative group for the students really served to help each other out as opposed to competing with each other.

**Thomas:** How was that cooperative spirit built?

**Light:** Well, I don't know if it just happened to evolve. They had a learning center; this was in the basement of the Montgomery gymnasium, which was a place where the students could come and hang out, study. As computers became available, have access to computers. Have access to some textbooks and so forth, access to old tests, things like that, so that — somehow it happened that they developed a cooperative spirit with each other. As I said, at the time I thought this

might have been a feeling that, well, maybe we're not getting everything we're supposed to here, so we need to do a little extra work in studying. You mentioned becoming inhumane to students – are you referring to the '60s, '70s, or '90s or —?

**Thomas:** That may be more in the residency programs, really. Residents are doing crazy hours and things like that. You know, they're trying to fit more and more information into the medical school curriculum and still keep it to four years and medical school became, I think, increasingly competitive and stressful and I suppose attracted a lot of very Type A personality people.

**Light:** I think what's happened from my observation sort of at a distance with the new College of Medicine here is that it embraced very early a high technology in terms of being able to access the internet and all the information and how you do this and a lot of training on the part of both the students and the faculty participating about making use of modern internet technology in support of medical education. I had the impression, you know, that FSU was sort of really a leader doing that, and they were probably able to do it because we did not have an entrenched faculty that were used to doing things the old way.

**Thomas:** We've been talking about students in various ways. As a faculty member and selection committee member over pretty much the whole history of PIMS, can you talk about PIMS students and the selecting them and teaching them and what they were like and perhaps some individual examples? Maybe who was your favorite student, a few of your favorites.

**Light:** Well, let's see. I remember a few recent students. In more recent years, my contact with the students was primarily teaching general biochemistry, and so there were pre-meds in the general biochemistry course that ultimately I would be asked to write recommendations for, and then some of them would get into medical school. One I remember relatively recently was — had been a physical therapist, Julie Gladden, and she came after a year or two or a period of time in practice there. She came back to be pre-med and try to get into medical school. She was a very hard-working, very congenial student, and I was pleased to see her get into the program. I think she was in the first or second class of the med school. I've seen her a time or two since graduation. There was a student — I'm terrible with names —

**Thomas:** Don't worry about their names. Just tell me their characteristics —

**Light:** Vesser — he was a student in human sciences – nutrition and food science, I think, and he managed to get in the program, I believe maybe has graduated. There were a couple of Russian students, twins, who took biochemistry from me, and one of them went somewhere else, I think Hopkins, but one of them stayed here and went into the regular medical school. He was in either the first or second year. I'm trying to think back — nothing comes to mind right away.

**Thomas:** We can come back to that later if you want. What were your interactions with the other faculty in PIMS and what do you think — were there particular values that the PIMS faculty members shared or — I mean, was there any attempt to train or inculcate certain values?

**Light:** No, I don't think so. I guess I'm kind of from the old school, you know, in terms of teaching — you sort of lecture, present material, et cetera, and expect the students to be able to learn it and respond on tests and so forth. I've been sort of intrigued to see what's been happening more recently with the medical school program, where they try to be a whole lot more helpful with the students, setting up small group sessions and interaction which I think is really kind of nice. But in the early periods, I don't think there was much of that going on with respect to the faculty. The faculty was just sort of traditional, you know, "Here's the course, teach this."

**Thomas:** But I understand the class sizes in PIMS were smaller?

**Light:** Yeah. Yeah, they could have been — well, they were relatively small than what it's evolving into at the medical school now. But I will say there was not much of a conscious attempt, with the exception maybe on a couple peoples parts, to integrate things. You know, I taught biochemistry, Mark Freeman taught physiology, Harry Lipner taught physiology, somebody taught microbiology, and so forth. We were still — the courses in the early years ran more on the grad student model, and that's probably one of the things that motivated the cooperation among the students was that they wanted to find some way to get these ideas integrated. I think David White probably did more than anyone, because he was a basic scientist back then as a microbiologist but was also an MD and was able to show medical relevance of things and show interactions. For a lot of us such as myself that had no "medical education," we didn't really know enough about medical education in order to be able to show relevance. There were attempts to bring physicians in to some of the courses at some period of time, maybe Reeves — that may have happened during Reeves' tenure.

**Thomas:** In the many years that you served on the selection committee, do you remember particularly difficult decisions or a selection decision that you're particularly proud of?

**Light:** Well, yeah. I remember a student who I interviewed who had been an undergraduate business major at Florida State, C student, just barely making by, who went off — I think he may have gotten into his father's business or something — but became kind of a financial advisor, ultimately was dissatisfied with that lifestyle and decided, you know, he wanted to do something more fulfilling. So he went back to school, took basic science pre-med courses, et cetera, and applied at age thirty-eight. I was very pleased to make a strong recommendation that they take him, and I think he's done very well. So he's — I guess he's probably in his third year. He had developed a fair amount of wealth, I suppose, from his — he commented that he used to be a financial advisor for lots of doctors who wanted to figure out how they could build up enough wealth so they could retire, because they were getting burned out. But he seemed honestly motivated, you know, to want to — not in it to make money, but in it to be of service and be helpful to people.

This is a point to mention a student some years ago that had been a student that had flunked out at another medical school. He enrolled at Florida State and took some PIMS courses as a means to try to get into PIMS, and there was great resistance on the part of the people, the faculty that interacted with him and so forth, just from not only the fact that he had flunked before but the fact that he had personality characteristics that seemed to indicate he would not be

a person maybe that you could trust or something. But he had some political connections and there was some pressure brought for us to consider him, which we resisted. But I believe, and I don't know if this to be the case, that ultimately University of Florida did accept him. And I don't remember his name and I have no idea if he ultimately graduated or how he's doing. At the time, you make decisions and you hope they're right. Can't worry about, I guess, you know, in hindsight — they come out right or they don't.

**Thomas:** That was a case in which the selection committee knowing the student well did not work to the student's favor.

**Light:** Exactly. There were other cases where the student might have had marginal grades or marginal scores but we knew the student pretty well, otherwise were willing to accept him or her on that basis.

**Thomas:** Can you kind of take a birds-eye view, looking at PIMS from its beginning to its end over a thirty-year period and talk about, you know, how did the program change over time, what do you think are the greatest changes you saw occur?

**Light:** Well, it began as a very flexible, integrative program. I think over the years it gradually evolved into a more traditional program, curriculum-wise. I think over the years — it began with a heavy emphasis on minority recruiting; I think that emphasis is still there to a certain extent but not — maybe not as much effort is made as was made in the beginning. It began looking seriously at non-traditional students, and I think that trend has continued, although I have the sense but I've not been connected in recent years in the College of Medicine — I suspect that as the class size gets larger — the pool size isn't going up any — that the ability to fill a class with the same type of students is probably not realistic. I suspect it will be more of a traditional kind of student program.

**Thomas:** Why was there that early openness to the non-traditional student?

**Light:** Well, I suspect it was — Paul Elliott kind of set the tone, I imagine, and maybe other people — Bud Berringer, other people that were involved.

**Thomas:** What have you found most satisfying about your involvement with PIMS? What have you enjoyed the most?

**Light:** Oh, you know, I think the most satisfying thing is to sit here and realize that chairing a committee as a young assistant professor back in 1969 has led to the development of the first new medical school in the country in the last thirty years or twenty-five years or whatever. So it's pleasing to see what has come of it, and maybe I played a little bit of a part in the beginning.

**Thomas:** Is there anything that you tried to do or wish you'd been able to do for PIMS that you weren't able to do?

**Light:** Probably not. You know, PIMS was not my brainchild; if it was anybody's brainchild, it was Paul Elliott's, I think. And I was sort of brought into it in the beginning partly because I was a biochemistry faculty member and biochemistry was a medical school course. But having gotten it started, I was sufficiently interested in its continuance to be willing to serve that interim year as a director to try to work to get a more permanent director in. And in later years when Myra Hurt became director and asked me to come back and serve on the selection committee for a while, I was certainly willing and interested to do that. I was supportive of, although I didn't do anything — I wasn't called on to take part in the emergence of it into a four-year medical school — I believe that move began as a discussion of changing it from one year to two years, and then ultimately then some legislators and others started looking at it, said, "Why not go the whole way?" But that's a story that Myra should tell, I suppose.

**Thomas:** Since unfortunately Winter Griffith —

**Light:** He's died.

**Thomas:** Yes. And he played an important role in the early years. Can you tell me a little bit more about him and what he did for the program? There was some discussion of he might have wanted to be director but, of course, Paul Elliott was chosen as director.

**Light:** Winter was a physician from Miami. I guess he was not viewed, you know, really as an academic person. There was some suspicion when you hire a doctor to, you know — one of the things that was sort of academic like that I know he had done — he had written some patient handouts kind of things, you know, where you describe a condition or describe what should be done or something. I remember him describing this to me; I don't remember ever reading one of these. But he had been involved in writing some things that were used for patients. I don't know how he got involved in the picture. I don't know where Bob Elliott — Bob Hull, who was chairman of biology, was coming from — I had a conversation with Martin Roeder. Martin was a biology faculty member and Associate Dean of Arts and Sciences, I think, when this was going on, and he may have some slightly different perceptions of what happened. I talked to him the other day and he said that Bob Hull — he thought Bob Hull's motivation was to try to do something to start, you know, maybe ultimately the beginning of the medical school here. I had heard from somewhere the idea that Bob Hull got wind of something that was going on in Gainesville and that Gainesville was going to impose some program on Florida State, and that therefore he wanted to do a preemptive thing by hiring Winter to look into this. So again, I don't know if we'll ever be able to — since Bob Hull is deceased, to know what his motivation was. I do seem to remember the impression that when Winter started, and started interviewing some students or something like that, that you know, he was just — a student would walk into the office and express an interest and you know, he would, "Oh, I'll take you in." You know, there was no — I guess there was concern whether he would really set up an adequate selection process or whether he knew enough to run a selection process. So I suspect that the main reason that he was not finally considered as director, though, was that he did not have an academic background and he was probably suspect on the part of faculty, whereas Paul Elliott did have a Ph.D. and did have experience in medical school advising and so forth. And he came with an idea in terms of

what could be done that was innovative.

**Thomas:** Well, I mean, clearly from the UF side, Paul Elliott, with a lot of input from Manny Suter — you described PIMS as Paul Elliott’s brainchild, but it had to coincide with interest from FSU. You know, if there hadn’t been an interest in FSU, if people here hadn’t wanted the program —

**Light:** Well, the interest from FSU stemmed first from Bob Hull, and then ultimately grew enough from the work of the committee to say, “Okay, this is something that can be done.” There still were detractors on the faculty.

**Thomas:** So Winter Griffith was a physician in Tallahassee?

**Light:** He was a physician in Miami, but he was hired —

**Thomas:** He had been in Miami, and then he came to Tallahassee to run the student health service?

**Light:** No, I think to be a pre-med advisor.

**Thomas:** They specifically brought him in to be a pre-med advisor?

**Light:** I think that’s the case.

**Thomas:** Because I was wondering, did he teach courses or did he have any other roles besides pre-med advisor?

**Light:** I don’t recall if he ever – if he taught a course or not. Whether he did any clinical stuff in the early times in the years —. Now, Nanette Fisher was hired as his staff assistant or I forget what title she said she had. Nanette Fisher is the widow of Robert Fisher who was a biochemistry colleague, in chemistry. But Nanette might be able to fill you in on some of the things that went on. You know, I think she was — she said she was hired in December, ‘68. And she was involved probably with some legislation that they were putting together – she may have played a role in helping. I think she had some contacts with some people in the legislature as well. And Bob Johnson is somebody that you should talk to, because he ran the selection committee that led to the hiring of Paul Elliott. And then the decision was made to put the program within Arts and Sciences as opposed to putting it as a stand alone program, you know, outside an existing college.

**Thomas:** And why do you think that was done, to put it in Arts and Sciences? Because some people saw that as a drawback.

**Light:** I think — well, the courses except for the pharmacology at FAMU were all at the time were all within the Arts and Sciences college, and so I guess probably the dean at the time felt it

would be good to have control over this. In fact, when the —

**Thomas:** But PIMS, someone must have considered it being stand alone at one time.

**Light:** Possibly. I don't know. That's something you could ask Paul, if that issue was ever discussed with him when he was being hired. Actually, as the plans for the medical school were being put together, the Dean of Arts and Sciences, Don Foss, at that time had written a white paper on a model that would have kept at least part of the medical school within the confines of Arts and Sciences, but of course that didn't fly, the arguments being, you know, that you'd never get accredited if you didn't have your own college and your own dean and own responsibilities. So in some ways it's kind of unfortunate that in the years of the PIMS program there was good integration with chemistry, biology, biochemistry, and the medical school curriculum. And now the medical school has almost sort of built its own wall, hired its own faculty, and there's not the kind of interaction that you would like to see. So they're teaching their own biochemistry; the Chemistry Department is no longer involved in that process. They've set up their own graduate degree program and — I forget what it's called — sort of genetic and molecular biology related, which is — could be thought of [static covers voices] as in direct competition with the graduate programs in biology. [static covers voices]. Anyway, that's unfortunate. It would have been nice to have built something with sort of a more diffuse connection – or at least some kind of connection between the basic sciences and the Arts and Sciences and the medical school.

**Thomas:** I think that that's all my questions. Did you have any thoughts you wanted to add?

**Light:** Nothing occurs to me offhand. I think we've covered everything. I hope I've gotten most of facts and dates and things straight.

**Thomas:** Thank you very much.

End