Interviewee: **Deal, William B., M.D.**
Interviewer: **Karen Thomas**
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Thomas: Dr. Deal, when you first became Associate Dean of Medicine in 1973, can you describe to me what the PIMS program was like and what you found when you came to the dean's office?

Deal: Well, the program was founded, if I remember correctly, to take students from FSU and kind of feed them into the University of Florida College of Medicine. And at the time that I came on the scene, the program was functioning — it was rather loosely run, if I may say so, and the goal was to have thirty students a year come down. Sometimes all thirty of those students were not competitive, and we went back and forth over that. And at the time, the faculty in Gainesville had no say-so over who was admitted. We corrected that over the next two to three years, whereby the Director of Admissions of the School of Medicine had to "approve" whoever was selected.

Thomas: That was an early problem that had to be addressed.

Deal: That had to be addressed, and it continued to be a problem. When I became dean in '77, acting dean, then dean-VP in '78, we changed that a little bit and instructed the program director at the time to "don't feel like you have to fill that thirty quota if you don't have qualified students." If you take your top qualified people and if you get to a point where there's a significant difference in the quality of the applicant, say number 26 and number 27, don't take 27, 28, 29, 30. And so we did that, and that helped out enormously because the faculty by that time were beginning just to say, "Oh my, that must be a PIMS student." When we made that change, and we also involved several members of our admissions committee on the admissions committee in Tallahassee — because we didn't want the students to come down being labeled as PIMS students and some of the faculty regarding them as being second class.

Thomas: What do you think the problems were in either the admissions process or why were some of those students not as well qualified as you would have liked?

Deal: Well, I think the pool was not uniform. And a lot of the better students at FSU would choose to — they would apply directly to medical school in Gainesville. And so that left another group. And some of the students — well, maybe, I don't know, eight or ten, I'm just guessing right now, were non-traditional students. They were people that had — they had done some post-baccalaureate work in order to improve their chances of getting into medical school. And that's okay, that's okay. But I think it's just the pool, you know. If you've got a group of students and you don't have enough to have thirty good ones, that's a pool size problem. Now

when the program — the number of pre-medical aspirants at FSU and the number of biology, chemistry takers increased dramatically over time, during the program at FSU. And the chemistry and biology faculty liked that.

Thomas: Tell me about Manny Suter and Paul Elliott, who were involved in the very early founding of the program. What were your memories of those men and what did they contribute to the program?

Deal: I wasn't that familiar with Manny during that time because he — I'm not in the dean's office until about two years after he left. I was simply a faculty member and was not involved in the PIMS program. Paul Elliott ran the program singlehandedly. He didn't have a great deal of help and he had to rely on his ability to recruit faculty from FSU to teach in the program. There never was and never will be enough money to do that. But Paul was a nice guy. I like Paul, but Paul, he was a little loosey-goosey administratively, which I was not. And then Paul left; I don't remember when he left —

Thomas: He left in '78.

Deal: '78. That's when I became dean-VP. Then we recruited someone who was on the faculty at FSU whose name escapes me —

Thomas: Rob Light.

Deal: Yes, right, right. And under him the program became a little more structured and he was much more responsive to what the "mother house" wanted to do. And according to the medical school accreditation standards, the faculty of the School of Medicine are the people who admit the students and have something to say about the curriculum. And so we began to be more involved. There was a lot of faculty from Gainesville going up an vice-versa, coming down. So we developed a fairly close relationship and the reputation of the PIMS students, the shaded reputation of the few of the early students evaporated.

Thomas: Right. Can you remember any specific examples of what happened with some of those early students that caused some concern among the faculty?

Deal: Oh I can't remember any specifics. But they just performed poorly. They didn't have any character flaws or anything, but they couldn't compete and some of them recycled. An occasional student would flunk out and – not very many, but a few would. But we would bend over backwards to recycle them and get them so that they could graduate.

Thomas: Let me talk a few minutes about some of the goals of the PIMS program. I think Paul Elliott saw it as a reform program in a number of ways. It was designed to increase the number of – you used the term "non-traditional" and underserved and under-represented population groups, particularly African Americans in the beginning. And it was also designed to

increase the number of primary care physicians and physicians who would practice in rural and underserved areas. Can you comment on those goals and how they played out over the course of the program?

Deal: Well, sure. Those were laudatory goals and are goals that the current FSU College of Medicine has. The problem with the goals (and I'm not sure we had the data at the time, nationally) — you take those students who may be motivated to do those things early on, but medical students don't know what they want to do and they change and go into neurosurgery and dermatology and anesthesiology just like the rest of the kids, because once they get into the medical center, they see a lot more about medicine than they thought existed and they liked it. So I don't think there was any significant change in the orientation of those kids, where they went. It was good in that the FSU program gave us a much more diverse student body, and that was good. That was something that we couldn't really pull off very well. And that was good, that was really very good.

Thomas: So by the 1970s and into the '80s, what was minority recruiting like at UF and did that affect the PIMS program or vice versa?

Deal: I'll answer the second part first. I don't think — what we did, did not adversely affect the PIMS program because over time the PIMS was able to produce thirty very high caliber students as the pool increased at FSU. We were interested in recruiting, and we recruited particularly African Americans, almost like they do the athletes today. We would really go after high quality kids. Certainly if they were enrolled in Gainesville, we would start courting them as soon they were identified as having some interest and promise.

Thomas: As you took over as dean in 1978, and the leadership of PIMS changed, as you mentioned earlier, what did you see as the future of the program and how did PIMS change after 1978?

Deal: Well, PIMS, I think, because of the onsite leadership who was willing to cooperate with us and saw the needs — and I think the quality of the program improved because of the interaction and the receptivity of our suggestions.

Thomas: And what were some of those suggestions?

Deal: Oh, let's involve some of our faculty in some of your program development and involve Gainesville faculty in the selection process.

Thomas: There were a lot of changes going on in health care and in medical education in general at that time as well. For instance, in 1978 there was the Supreme Court *Bakke* decision, there was an increasing move towards managed care in health care, and into the '80s you get a declining overall applicant pool. Could you comment on how some of those changes affected PIMS?

Deal: Well, Florida was kind of late coming to the managed care arena. In fact I don't remember us having any HMOs during that period. The drop in applicants, that's a sine wave affect that occurs, has been occurring, in the modern era and continues to this very day. We knew that was going to reverse itself. But I don't remember, Dr. Thomas, if that decrease in applicants really adversely affected us or not. If it did, I would have remembered, I think.

Thomas: Right. Once you became dean, how did you see PIMS fitting into the overall mission of the UF Medical School?

Deal: Well, the program was there, it was funded separately I think by the legislature through the FSU budget, and it wasn't going to go away, and nobody wanted it to go away, really, because we got some very fine students from there. I predicted that one day FSU would have a medical school – and it does.

Thomas: And was there concern about that possibility at UF?

Deal: Yeah, yeah, there was. You know, because nobody liked to compete for money, and if you put another player in the mix, that's going to make it more difficult. But now Florida, with two additional new medical schools developing, I'm sure the same attitude exists.

Thomas: Sure. It's interesting – you just said that nobody wanted it to go away as far as PIMS goes, but in talking to Rob Light, he said that he was actually concerned while he was director that PIMS might be cut or he felt that there was continuing uncertainty about the future of the program. Can you comment on why that might have been?

Deal: Well, I can see why, because I think — well, I don't remember precisely which years, but there were some years when we had really very restrictive state budgets. And while the Gainesville campus had other sources of revenue, the PIMS campus did not. I could not transfer – I couldn't see myself transferring money to PIMS to prop it up at the cost of the program in Gainesville. And maybe that's where he's — and there may be some people who wanted the program to go away. I think actually — I do remember a member of my staff who's associate dean of students, was not completely in favor of the program.

Thomas: Was that Bob Watson, by any chance?

Deal: That was Dr. Hill, who is now deceased.

Thomas: You have a very interesting background. You have done work with rural health initiatives, some migrant health programs, and clearly are involved in primary care. Did you see — I mean, were there PIMS students who went on to practice in rural areas and what was Gainesville doing at that time in terms of initiating rural health programs?

Deal: Well, we developed a program in Mayo, Florida, early on and we established a family

medicine residency in Gainesville at the private hospital then, at the only private hospital in town at that time. That's to get the family practice residents out of the mother house. We did that and then we established the Mayo Clinic, we called it, in Mayo, Florida, which is about 90 miles, about half way between Tallahassee and Gainesville, out in the middle of nowhere. And we would rotate students and family practice residents up there under supervision of faculty who would take terms to go out there. And that was basically to give students, all students, a flavor of how you practice medicine in a small town without a major hospital, without a hospital at all. And we felt that that was good for the students who were going into cardiovascular surgery as well as those students who were going into primary care. So those are two examples of what we did. But taking students from West Florida who say, "I want to be a primary physician," again I reiterate, a few may do that and they know that's what we want to hear, because that'll improve their chances of being admitted. And so word travels like wild fire and all applicants say that when you interview them. But to take them and put them in that setting with that as a goal, that they're going to go back, study after study after study after study shows that where a young physician, where they do their residency, no matter at what specialty, that's where they're going to live. And there was no residencies up there. Had some residencies in Pensacola, but there was no residency in Tallahassee or anywhere in West Florida.

Thomas: And even with the PIMS program's emphasis on early clinical experience, those clinical experiences were still in Tallahassee in city practices rather than out in the rural areas around Tallahassee.

Deal: Yes, right, in that big 700-bed hospital.

Thomas: Because you are interested in the administration of medical education, and of course have been an administrator for much of your career, I'm interested in — if you could compare PIMS and UF and the attempts at curriculum reform. Some folks that I've talked to have seen PIMS as an attempt to reform and change the way medical students are taught and the subject matter that they're taught. Things like the clinical relevance of the basic sciences and things like that. And I'd like your perspective on, was there a lot of curriculum reform going on at UF and did PIMS play into that at all?

Deal: Several things. Number one, PIMS would have been a great place to do some educational experiments, provided everybody locked in on it and followed through with it. But that was really never done. Things would change from year to year about the way they do things without any control, any controls. And that's probably too bad, but that's just the way it was. In Gainesville we — you know, medical schools change their curricular every four or five years just for the heck of it. We had a traditional curriculum, then went to what's called a system's presentation. Then we went from system's presentation to — we called it Phase A, B, and C. And Phase C was eighteen months long and you had six months of clinical electives and six months of basic science electives and six months of either. So basically the last eighteen months were pretty much self-structured. And very good students really do well with that. But we found out that some of the lower tier students needed much more structure. So we modified that

to a little bit more constricted way, because we at one time would permit students to spend as much as nine months away from the mother house in another medical school, and we just didn't feel like we had enough control over the quality.

Thomas: One comment I've heard was — the question of where in the four-year MD curriculum you should introduce clinical experience.

Deal: Day one.

Thomas: Okay. Did PIMS influence that, or — because certainly some faculty were hesitant to introduce medical students in clinical settings —

Deal: No, no, we did not do that in Gainesville. But you asked me, I thought, in terms of a present tense. That's what we do here in Birmingham after I became dean here. The students, they get a white coat and they see a patient, a live patient, in the first week of medical school.

Thomas: Right. Well, it's my understanding that PIMS students came to Gainesville for year two with sometimes better developed patient relations skills —

Deal: They may have. I don't remember that, but I do remember now that you mention it that they did have kind of a mini course on physical diagnosis and history taking. And that helped.

Thomas: Can you think of any other comparisons of either the PIMS program and UF administratively, or of PIMS students versus their counterparts who went all the way through medical school at Gainesville.

Deal: After a couple years you couldn't tell the difference in the students; the end product was still the same. And the students who came from PIMS — actually, throughout the program some would graduate in the top third of the class, some in the middle third and some in the bottom third. At times it seemed to be a little too many in the bottom third, but nevertheless they produced some good students.

Thomas: Was there any tracking of the long term outcomes of whether PIMS students went into primary care or rural care in any greater numbers than their counterparts?

Deal: I think that probably has been looked at, but I don't remember if it has, and I certainly don't remember the results. My gut feeling is that there was no difference.

Thomas: While you were dean, was there ever any attempt to get additional funding — you know, PIMS became a state funded program, but of course, it had originally been a federally funded program. Was there any thought to either expanding the PIMS program, for instance, to two years or of getting any additional external funding for it?

Deal: I don't think we considered having let it go through to two years. I think one reason was because if the — I was on the LCME for a long time, and I think at that time the two year program had to have a separate accreditation and we didn't want that. We wanted the School of Medicine and/or the College of Medicine in Gainesville, since those students were committed to coming there that we felt like they were part of our accreditation, and that's in fact what happened. The site visitors would come and they'd go to Tallahassee, and we would be accredited as one medical school, not as a basic science school and a full medical school.

Thomas: Do you remember any other details from the times while you were dean that the accreditors came to Gainesville, and was PIMS considered an asset or a liability or some of both during that process?

Deal: Oh, definitely an asset. The site visitors loved it.

Thomas: The site visitors loved PIMS? Why?

Deal: They liked it because they said it was a great laboratory for educational experimentation, which we never did. And I don't remember why but — probably too many other things to do, I don't know.

Thomas: So you said that the site visitors were excited about it as kind of a laboratory for experimentation, but that — a few minutes ago you said that there wasn't really that much experimental, at least in the curriculum, going on at PIMS and that you said —

Deal: Not in a controlled fashion. They would change things around but there was no hypothesis, there was no follow up, and there were no controls.

Thomas: What were some of the things that were done at PIMS that were experimental?

Deal: Oh goodness! I think they had an anatomy course that was different, but I don't remember the details, Dr. Thomas. A lot of water's flowed over the dam. You know, I think the physical diagnosis part was probably the one that stands out in my mind, because those students came down and they knew how to listen to a heart – at least they knew which end the stethoscope went in their ears. And I think that was probably the most significant thing that I remember. But that wasn't really an experiment.

Thomas: Now, did you — you left Florida in 1985?

Deal: '88

Thomas: '88, I'm sorry. By 1988 — what was PIMS like in the 1980s and what challenges was it facing by the time you left in '88?

Deal: Actually, PIMS was running very smoothly, if I remember correctly. I think we had a new program director, I believe. A lady.

Thomas: Yes, Myra Hurt came in.

Deal: Myra Hurt came in what, '86?

Thomas: She became involved in the administration in, I believe, '88, but she didn't actually take over —

Deal: Okay, that was after I left —

Thomas: — until '91 or '92

Deal: Okay, that was later, yeah. But PIMS, as I remember, was in good shape. I think a couple of years they had more than thirty students that looked good, so we took them.

Thomas: Okay. Were there ever concerns about so many slots being allotted to the PIMS program versus the rest of the first year class at Gainesville?

Deal: Oh, the director of admissions would complain a little bit about it occasionally, but not seriously. I didn't answer part of a question you asked earlier —

Thomas: Sure, how was PIMS doing in the '80s?

Deal: Right. But earlier you asked about did we ever go out for special funding, and the answer's no. I think Paul may — we may have applied for some programs, but it was not, frankly, a high priority, I don't think. Sorry for that retrospect.

Thomas: No that's fine, that's fine. Were you aware of any other programs like PIMS around the country, and if so, could you compare PIMS to other institutions with similar programs?

Deal: Yeah. The University of Minnesota started basically a basic science school in Duluth, Minnesota, at the University of Minnesota Duluth campus. It was a two year school and consequently had to be separately accredited by the LCME, and those students would feed down into the Minneapolis campus. Their program was for two reasons – to increase the diversity of the Minneapolis campus (they have a lot of Native Americans up there), and also for primary care. And I don't know, frankly, if it's a cause or effect or coincidental, but Minnesota does have – the University of Minnesota School of Medicine has a very high percentage of their graduates going into primary care. That's just the way it is up there.

Thomas: I've heard a number of references to the WWAMI program.

Deal: Well, WWAMI program was a little bit – it's different. The WWAMI program started out by – and still does – it takes – because Montana, Idaho, Alaska, and Wyoming now have no medical schools, University of Washington set aside so many slots per state, depending on the pool. And those students would come directly to the University of Washington, then they would do their clinical years, the reverse half, they'd do their clinical years back in their home states. That's different from doing one year of basic science and then coming down. Because students from PIMS didn't have any moral or contractual obligations to go anywhere; they had freedom of choice, and that's okay.

Thomas: I'm trying to think of what else to ask you — now that you've been at UAB for some time, was there ever any thought to starting a program like PIMS in Alabama?

Deal: No because, we have — we have a two year branch campus in Huntsville and a two year branch campus in Tuscaloosa. All the students come to Birmingham for their first two years. Thirty students go Huntsville and thirty students go to Tuscaloosa for their years three and four. But those programs are under our single accreditation. We do have a program that we started here that we, upon application and interview, will guarantee up to twelve students to come to medical school. We'll admit them to medical school provided – these are kids in high school – they come to UAB undergraduate school, they have a certain grade point average, the university medical school does certain things with them throughout the four years and then if they – they don't even have to take the MCAT exam – and they matriculate right into medical school. And that program is successful. We have another program, a rural medical scholars program that we've got on both campuses, both branch campuses rather – Huntsville and Tuscaloosa. We take up to — these students must go to either Auburn or the University of Alabama and they are admitted to medical school at the end of their third year, their junior year in college. Then they must come to the University of Alabama or to Auburn for their senior year. Then they come to Birmingham for two years. Then they go back to the branch campuses, Huntsville, Tuscaloosa, and their program is enriched with rural medicine kind of things, and then they're guaranteed a primary care residency in our system.

Thomas: Wow. And that has been effective in getting physicians into rural areas in Alabama?

Deal: We think so. Because the data looks pretty good right now. We have a very generous state program whereby a medical student, anytime during years one through – they can do it even their fourth year – borrow money from the state (this is a special program), up to $28,000 a year, and that pays for tuition, toothbrush, everything. They could borrow that money their senior year if they know they're going, for example, into primary care, and all they have to do is agree to practice in an area of an underserved population, underserved in whatever specialty they choose, they have to practice for five years. Then they can do what they want to do, they don't have to pay the loan back. If they fail to do that, they have to pay the loan back. There's a 100% penalty, plus 6% per annum. So if you borrowed $100,000 and you didn't fulfill it, you have to pay back $200,000 plus interest. So those students are right on track and we feel very

comfortable they're going to meet some rural needs.

Thomas: Wow! I noticed on your CV that you've been involved in the national leadership of the AAMC. Could you tell me some about your role in that organization and how your experiences in Florida may have figured into your national leadership role?

Deal: Oh, I've been involved with the AAMC, and still am. I was on the administrative board of the Council of Deans for years, and on the executive council I was chairman elect of the Council of Deans when I decided to go to Maine. Sure, my experience in Gainesville and Tallahassee, I'm sure made me a better board member and national actor, if you will. And I think it improved the visibility of the College of Medicine as well.

Thomas: Sure. Can you tell me, in what ways does Florida — both the PIMS program and Gainesville — what are their strengths and what are their unique qualities among American medical schools, do you think?

Deal: Well, the PIMS program and its relationship with Gainesville was unique because there weren't any other programs identical to that. And so people kind of looked at that as a, you know, "how's it going," an interesting way to do business. But I think the University of Florida has a national reputation, thanks a great deal to Bob Watson, for its ability and quality of medical student instruction. The quality of that, and they've done some very innovative, instructional experiments there and those have been published. And I think, too, that Florida has, at least so far, has a very high quality applicant pool. And how much of that will be diluted when Central Florida and FIU come online, I don't know. And I don't know if FSU's development adversely affected them or not; I doubt it because Florida's growing so fast.

Thomas: Right. Were you at all involved in the either the discussions or the — basically, were you involved in the establishment of the College of Medicine at FSU?

Deal: No, I was not.

Thomas: Okay.

Deal: I am helping FIU, though.

Thomas: Oh, okay. What role are you playing there?

Deal: I work for Price Waterhouse Coopers, who have been engaged by FIU to help them do a lot of the early footwork, like get their preliminary accreditation, et cetera. And I'm called a "subject matter expert." And they have four of us working with them.

Thomas: Right. Well, certainly FSU, their accreditation process was very interesting because they had been the first new medical school established in such a long time.

Deal: Right. The accrediting agency didn't know what to do.

Thomas: No, that's what I understand.

Deal: And now they've got a process. FIU will be the first school, and maybe Central Florida, if Central Florida is able to do it — FIU will be the first school to attempt to get their accreditation under the new rules which have never been used before.

Thomas: Right. That were kind of reinvented by FSU.

Deal: Right.

Thomas: I think this concludes most of my questions. Did you have any other either topics you wanted to cover or specific memories of PIMS, either students or faculty, that really stand out in your mind?

Deal: No, you know, I hadn't thought about PIMS until I got your email. And the students, it's been a long time since — it's been nearly twenty years since I've had anything to do with it. So I don't remember specifically anything. I do remember — I'm pretty sure he was a PIMS graduate — Bob Brown, an African American kid who came to Gainesville. And he struggled and struggled. He says I gave him a chance, because I think he did have some academic problems, and periodically I've been getting letters from him. He practiced in Jacksonville, and I get letters from him. I was on the stage here at the university graduation, before 8,000 people, and I was sitting up on the stage and somebody tapped me on the back. We were on a platform, and I turned around and it was Bob Brown, whose cousin was graduating from UAB undergraduate school. And that was so precious, that moment. And when he graduated from medical school, backing up, he brought his high school teachers, his principal, his grandparents, to graduation That was a wonderful experience and I'll never forget him. And he died last year, unfortunately, prematurely. So that's a sweet memory I have.

Thomas: I think that wraps up my questions, and I really do appreciate your time. I'll go ahead and stop the tape recorder now.

End