

Interviewee: Gearen, Peter, M.D.
Interviewer: Karen Thomas
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Thomas: Dr. Gearen, how did you come to the University of Florida and how did you get interested in orthopedics?

Gearen: It goes quite a ways back to 1966, forty years ago. Forty-some years ago I went to college in Mobile, Alabama, and my college roommate was Bill Enniking, whose father at that time was the chairman of the orthopedic surgery department here at the University of Florida. I used to spend Thanksgiving dinners and things like that; we'd drive over from Mobile, Alabama, to Gainesville for football games and things like that. So I graduated from college in 1970 and went off about my business to Europe. I bought a motorcycle – long story short – got in a motorcycle accident over there, and during the time that I was recovering, began to think about what I wanted to do with my life. I came down here because I was dating a girl when I had graduated who was getting an advanced degree in education here, and I came down to visit her and I talked to Dr. Enniking about whether he thought medical school might be something I would be able to do. And he said, "Nah," he didn't think so. Even though I was cut from the same cloth that his son, and he didn't believe his son had enough motivation to do what it took to become an orthopedic surgeon. So I, of course, took that as a challenge, went back to Chicago, got all the science credits necessary to get into medical school, did well, and got into school and started my first day of medical school at Loyola with my very last cast on from the accident that I had gone through. So I was committed to orthopedics mentally right from the first day of medical school is the reason why I did, actually. Then in 1976 or '75, when I graduated, I got a job as an intern in medicine in the University of Chicago, and I recall Dr. Enniking calling me late in the year of 1976, saying that he had a spot in the next year's orthopedic program if I wanted to come down. I was being heavily recruited to stay in medicine, and so I said, "Well, give me a couple of days and I'll call you back, thanks very much, blah, blah, blah." He said, "Well, really, I'm not going to give you a couple days. I'm looking at my watch and I'm going to give you ten seconds to make your life decision." So long story short, I said, "Okay, I'll be there." And then started in 1977 as a resident in orthopedics here, and finished in 1982, and went up to Cleveland for a year to do some extra stuff and then came back here in '83 and have been on the staff ever since. And then three or four years ago, I took over Dr. Enniking's job and _____[?]. So that's how I got here doing orthopedics. And then as part of my service responsibilities to the medical school and to the University, I have done a number of things. But I had an opportunity to work on the admissions committee, which I'd always felt was one of the most important things that we do here is, you know, somehow figure out who ought to be coming to medical school and who not. So I did five years of that and then I was elected the chairman. During the chairmanship years, which were back in the days when you

were much more independent as the chairman of the medical school – the admissions committee – than you are these days. I reviewed 2,200 applications for 109 – or 75 positions, I think, because the other 30 were up in Tallahassee at the PIMS program. Every other Tuesday or something, I can't remember exactly how often I used to go up there, but it was often. I would drive up on Tuesday and come back Tuesday night late and we would review somewhere between eight and 20 applicants and try to make decisions about them.

Thomas: What would you say your philosophy of admissions was at that time and has it changed over time?

Gearen: Me personally or generally?

Thomas: You personally. What did you try to bring to the admissions committee?

Gearen: At UF there were a number of people — let me back up – you got to choose the people who were on the committee, because there was a rolling cycle and they would be on for two or three years and then you'd get someone else. So I tried to get some really interesting, smart people who I thought were relatively ecumenical and who wouldn't judge a student based purely on an academic record, that they would be looking for some irregular students who were either a little older or had done some interesting things in life in general. I really worked hard to try to avoid having kids who were pure, unadulterated 4.0 gunners, because my observations had been that one of the weaknesses (at least at that time) in the medical education process was that it picked kids who had made great grades but couldn't talk to anybody. And so I tried to be sure as I was reviewing those applications that there was some evidence in there that they were participators in real life and that they'd had some of their own experiences and that there was something in that file that led me to believe that they would be able to communicate with people on a human level. The way we set up the interview process, out of that 2,200 would come 300-350 kids to interview, and of that 300, 100 or so kids would get into medical school. So there was a sort of winnowing down here, big one in the beginning, and now that 2,200 or 3,000 applications or however many there are, are reviewed by 10 or 15 people; at that time, it was just me. So you really were able to invest yourself in what those files said. Some were easy to take out and others were more complicated. I still do some of this for the orthopedic residency training program, which last year we had 750 applications for three positions. So it's hard, and these are kids who not only have proven themselves in medical school but have done a lot of other things, too. So, you know, it's nice to have had the experience of a medical school admissions committee so that I can read a file pretty quick. So what was I looking for? I was looking for well rounded people who were smart, who could talk, raise and lower their level of discourse depending on who it was that they were going to be talking to. So I found it compelling if someone could speak to a migrant worker and have that person understand exactly what they were talking about, and the next day have a conversation with the president and the CEO of Bell South or something, you know, somebody who's on a different intellectual and social-economic level. So that was important to me. When I went to Tallahassee, I tried to do the same thing. I mean, early on it was candidly viewed as the kids who were in the Tallahassee

program were not as competitive as the students who were at UF. I'm not sure when I was there if anybody really thought that there was actually going to be a medical school in Tallahassee ever. I think we tried to improve the candidate pool there by expanding it. There were some limitations on kids that you would take in; it would be something like, you know, they had to be – I think they had to come at that stage from Florida State. I don't think that we admitted students from other colleges —

Thomas: It was limited to FSU and Florida A&M.

Gearen: Florida A&M, yeah. So that's going to limit the pool. Dr. Hill and I (and I'm sure Gene Ryerson before me), thought that there should be a wider applicant pool if we really wanted to have, you know, enough kids to select from to really get a strong class for _____ [??]. You know, eventually that happened; they opened up the pool. We were talking about Reeves and Myra Hurt, you know, the people around during that time. I think they wanted the same thing, because they wanted more competitive kids.

Thomas: You mentioned that PIMS applicants were viewed as somewhat less competitive. What were some of the challenges that the PIMS admissions committee faced in addition to the smaller applicant pool?

Gearen: Well, I think, you know, not being a basic scientist, I wouldn't walk in their shoes, but I think there certainly were fewer basic scientists teaching in Tallahassee than there were in Gainesville for the same group of students. And the quality of the instruction was probably more variable than it was here. So anatomy was really good and, you know, biochemistry might not have been quite as good. I don't remember; if I remember correctly, anatomy was good, but other than that, I don't really have any independent recollection or memory of who was good and who was viewed as not so good. And then the students will tell you that, too. During my interviews with some of them, they would be, "The reason I got a 'C' is because, you know, I didn't get what I really needed out of the class." There's two sides to that story, I'm sure. But I think it was facilities, consistency of instruction. I think that the challenge for us was to try to figure out who really was going to be successful. I mean, we didn't want to get kids in and then just have them slaughtered when they got to the university here. And there was some of that early on; the kid would get here and wouldn't do as well, didn't fit in, you know, this, that, and the other thing – end up not really enjoying it as much as they could.

Thomas: You used the words "irregular" about trying to find students beyond just good academic credentials, who could talk to a wide range of people. Were there more of those types of students in the PIMS applicant pool, do you think?

Gearen: Than here? No. No. I mean, there were some older kids in there, but they – there were some kids who would never have gotten into medical school, really, if it hadn't been for the independence of the chairman.

Thomas: Right. Because of those thirty separate slots.

Gearen: Well, it was those thirty separate slots from PIMS, but there was also the way the rolling admissions committee worked, or the admissions program worked. We would start seeing kids in September and we'd interview every Friday or every other Friday or something like that here. And if somebody was interviewed on the first Friday we interviewed, and they were terrific, and the vote the following Monday was exceedingly strong, I could call them that day and say, "We're sending you a letter now." And so we started to fill the class as early as September, but as spring began to roll around, like February, March, April, in there, there would be some students who were admitted right away who got an opportunity to go some other place that they wanted to go to, so new spots would open up. So that didn't conclude the selection of the final students sometimes until August, just the day before school started. So it was that rolling admissions allowed the chairman to have wide latitude about who you could get into the class. And I would guess it was probably a quarter to a third of the class was purely mine to choose, no matter what the committee said. So for example there was a very, very interesting woman from San Francisco, and I think her parents were physicians in Argentina or some place like that, trained in the Soviet Union. And this kid had done a number of really interesting things and wrote the single best personal statement I have ever read, unbelievably compelling.

Thomas: This was a PIMS applicant or a UF applicant?

Gearen: No, this is a UF applicant. And at the time she wrote it, she was working as a street performer, doing puppet shows for children on the street in San Francisco. She came here and, you know, nobody would have invited a gal like that to medical school class. You know, she came here and was just fantastic. You know, another gal was the lead dazzler in the — you know, there's a gymnastics sort of thing that comes out, a bunch of gals who come out and dance at halftime at the basketball game. This gal was fantastic. And there were people in the medical school who had interviewed her, said, "She's not coming; we don't want any dazzlers." She turned out to be second in her class, she's one of the coolest, ob-gyn physicians on the planet now. And so there was a lot of that kind of stuff here in those years that I think has gone away; I don't think that they have the same luxury of independence as a chairman now that you used to have. Anyway, I think it's probably a little more rigorous in terms of the scrutiny than there used to be. There were some lawsuits, not when I was around, but afterwards. Yeah, there were people who had 4.0s and nothing but the highest scores that we didn't let in. And so their parents were really unhappy, you know, "We pay taxes here, this kid's stronger than anybody on the planet." Well, she's nuts totally, and you can tell that in an interview and you could read it in the personal statements and stuff. And so I felt like it was our responsibility not to sort of get somebody like that in the system, you know. So the PIMS was — it really was the PIMS selection group, and Smiley Hill and I would go up and participate in the conversations. We'd get the files to review before we went up there; we had read about the kid and we did not specifically do the interviews with the students, but they were done by the members of the committee up there and we just participated. And so there was a round table conversation about Joe Blow or whatever his name was, we would ask whatever compelling questions we felt we

needed to, you know, about test scores or interviews or you know, this ‘D’ that they made in this class or any kind of irregularities that we felt would potentially be a problem once a student got up to UF.

Thomas: When you were working on the admissions committee for both PIMS and UF, had anyone ever educated you about the mission of PIMS and in what ways it might be different from sort of the standard med school admissions process?

Gearen: Well, the process was not all that different. I mean, the route the applicants took to get to the process was different, but the way it happened was very similar. But the mission of PIMS, really, the way it got started was there was a need for primary care physicians in smaller towns in Florida, and so the way they got the money to get the thing started was by saying, you know, “We will focus on Florida students and we will focus on people who are from smaller towns that are interested in going back there and being physicians.” That really, unfortunately, didn’t translate to many physicians going back to those small communities, because there was not way we could compel them to do so. So in saying that as part of interview process, “Oh yeah, I’m going back to Niceville” or whatever, Blountstown, and then they would get in and then they’d eventually come here and be a plastic surgeon going to off Hollywood or something. There was a lot of that that going on. And so while the well-meaning people said this might be a way we can actually get some people to work in small towns because they’re all going away because the economics are not there for them, I don’t think it really worked out that way.

Thomas: Since FSU and Florida A&M are located in sort of the north and northwest Panhandle region of Florida, do you think that the school systems that those students were coming from were anymore – were the students any less prepared? Do you think there were geographical differences in the school systems versus, say, south Florida?

Gearen: Gosh, I don’t know the answer to that. I think there are many kids in small towns that have great opportunities; its really mostly about the parents and the way education is valued or not. And then it probably doesn’t matter whether you’re in a town of 10 or 10,000 or 10 million. So some people get lucky, they get a hand of cards that the parents really care and they spend time, you know, doing the homework and making sure that it’s done and there’s a certain level of discipline in the house. And I don’t think it matters whether you’re in the Panhandle or somewhere else. I think there are probably more better teachers, more good teachers, in a bigger environment and maybe there’s a little more competition for those positions in the school in a bigger environment – Chicago, Miami or someplace like that – Ft. Lauderdale – than in a smaller town, because its harder to attract really good teachers if the economics are not as compelling or the opportunities for the spouse, whatever, you know. That’s the way that kind of thing works. But I’m sure I never said to myself, “This guy’s from Niceville, he’s lucky to be here.” I know I never said that, and I don’t think any of us ever thought that, you know, it was a purely geographic or regional issue. Because the students who came and applied there were from all over Florida, they weren’t necessarily just from the Panhandle.

Thomas: Because I think more recently I have heard people at medical education _____
_____ [??] the pipeline, that you know, you have to go all the way back to, say, middle school to really start preparing students to eventually do basic science work in medical school.

Gearen: I don't know, I'm not sure about that. I think that's true of life and academic success, whether you're going to be a physician or anything else. You know, if you're not eating well when you're a one-and-a-half year old baby and nobody's paying attention to you, you're eating chips of paint off the wall, chances are pretty good that you're not going to do all that good. And I think that, you know, you're a product of your environment and people who pay attention to you, and some people are lucky in that regard.

Thomas: As I'm sure you're aware, there seem to be different cycles in medical school admissions. Some values are stressed at certain time periods. How important a factor was minority recruitment when you were doing admissions in the '80s and '90s?

Gearen: Well, it was important to try to get the best minority candidates you could. You know, I remember thinking it was an achievement to have six black students in the class, you know, in the class of 1996. We were profoundly disadvantaged in that the applicant pool was really not very deep and we were competing against the University of Miami, Harvard, Stanford, all the great private schools, for the best minority candidates in the state. They could offer huge, huge opportunities in the form of grants or scholarships or whatever, and we were profoundly limited in that way. We just had very little money to be able to do that. And so the best of students, the most academically gifted of those students, would go elsewhere. I remember taking what we believed to be significant academic risks on people because we felt it important to get into the medical school the very best minority candidates we could. But on the other hand, if they had done sort of average in high school and college and their board scores were poor because they didn't have some of the advantages that a lot of us often did from early on, then we were taking a risk that we'd get them so far down the road that then they wouldn't be able to pass their boards, no matter how well we taught them once they got here. You spent all this time, all this money and energy and everything else getting them there and they can't go any farther, they can't pass their boards, they're not working. So it was hard because we were hamstrung, I thought. Because I am sure, confident, that if we had had some significant scholarship opportunities for those students, then we could have competed directly with the University of Miami and Harvard and anywhere else. Now that being said, this town does not have a big middle class black population that the black community finds comforting. Tallahassee, you would have Florida A&M with a huge population of really bright minority students; we don't have that in this town. And it's one of the reasons why it's hard to recruit great black and minority faculty, because their brothers and sisters are not here, or weren't here then. It's getting better, but black folks want to move to Atlanta because there's a lot of wonderful black people in Atlanta, and they can have their community and feel comforted in their community. This town, it's not segregated – it used to be a long time ago, but it's not; it's just there's a certain critical mass of well educated middle and upper middle class black folks

when they're around, that it gets easier and easier to recruit more of them. My own experience in Chicago was my father was the president of the Village of _____[??], which is the first suburb going west out of the city. It was not integrated during the '60s, and my father, as the president of the village, saw to it that he and his buddies were going to integrate the village. And he was a member of a bunch of boards and stuff like that in downtown Chicago, so he had a lot of friends. And they identified forty black families, men and women who they knew, professionally knew, and they convinced them to move to our town. And they gave them loan support; instead of having there be a sort of black tide that moves and displaces white people – that old “white flight” thing – they figured out a way to get throughout the village, scattered throughout the village so it was never an overwhelming presence, and they have integrated the village so successfully that today it's one of the easiest places to live for black and white people together. And so I think we didn't have that luxury here because we didn't have any money to give them to entice them to come here. And then there was not a community here that once they'd graduated and they were ready to go work, that they would stay. So that's been a struggle for this town, I think, and its getting better but it's not as good as it could be.

Thomas: Let me ask you now about in the early '90s, when the leadership of PIMS was transferred from Bob Reeves to Myra Hurt, and there are a number of discussions at both at FSU and UF about ways to basically reform the PIMS program, what could be done to make it better, especially how to expand the applicant pool. Could you comment on that process?

Gearen: You know, Karen, I knew what was going on, but I was focused on doing what I had to do, and I had a full surgical practice and all that kind of thing, so I didn't really sit in the halls of — however, I knew what I felt had to be done, which was to expand the pool, and that was just a matter of the leadership saying, “We're gonna take applications from any school and not just the two schools up here in Tallahassee,” and that was just a matter of time until that happened. I think Myra had enormous energy for changing the things that she and I had talked about and she, among many other people, had talked about. And part of it was improving the faculty, part of it was getting better facilities either built or transferred to them, and part of it was getting a better applicant pool. I think she accomplished all those things.

Thomas: Can you remember what your first impression of Dr. Hurt was when you first met her?

Gearen: Well, Reeves was a very steady guy. I think his daughter actually came to medical school here, too. But I think he had seen it through a number of years and was ready to pass it [??] at the time. Myra is a very dramatic and dynamic woman, very blonde and a bombshelly kind of gal. I thought she was great right from the start. I mean, she was a lot of fun to talk to, she was very spirited, she had a lot of courage, she could obviously deal with high profile surgeons because she lived with one. So she didn't cower from conflict. I wouldn't have viewed her as the kind of person who would lobby well; she's not a _____[??] type, and there's many people who are. She's more “this is the way it is, this is what we gotta have, this why you've gotta help us, and let's get going” kind of gal, instead of, “hey, how you doing,

how's your family, and oh, by the way, we gotta get —." She's not an indirect person in any way. So I would guess that she and I would wind up probably 98% of the time when we were talking about a particular candidate, that if I thought they were weak, she thought they were weak; if I thought they were worth the risk, she did, too; if she thought they were strong —. I'd say we were very similar in the way we evaluated candidates. I found her then to be a wonderful gal to work with, woman to work with, very professional.

Thomas: In your experience with PIMS admissions, can you remember any applicants that really stand out in your memory, either negatively or positively? And you certainly don't have to use names, but can you —

Gearen: If we were in my other office, I have a list – I have a photograph, the graduation photograph from the two classes that I had. If I went through there, I think I remember the kids who were a part of PIMS program but — I know they were wonderful kids who came out of that program. We've had students in our own orthopedic residency program from the PIMS program who were really terrific. On the other hand, I remember that the academic status committee, which is the one that reviews students' performance and their advancement, I remember having conversations to the effect, "Oh God, you know, it's a PIMS guy we shouldn't have taken because we should have known —." We look back through the file, we see some weakness in the test taking ability, you know, national test scores and stuff. I have memories both ways. But no, no specific individual in either direction would stand out for me.

Thomas: Were you at all involved in accreditation?

Gearen: No.

Thomas: How do you think the admissions process and the PIMS program, to the extent you've been involved with it, have changed over time, in the past two decades or so?

Gearen: Well, I mentioned earlier, it's a lot more regimented. Many more people are involved, they get instructions, detailed instructions about what they can and can't ask. You know, who they can make decisions about, who they can't, and those kind of — it was a much more free-wheeling thing where the chair was very independent and the committee was free to ask almost question you wanted to. And now you can't do that; for a lot of different reasons, you can't do it. And that started to change, really, with Linda Lanier, who followed me. Linda probably started — I don't know if you're going to talk to her or not —

Thomas: I am going to talk to her, yes.

Gearen: She applied a little more discipline to the process. I think as far as PIMS was concerned, it was the evolution to getting more candidates in and broadening the pool, improving the facilities and stuff like that, happened just as I was leaving to be the chief of staff for the Shands Organization which started in '92.

Thomas: Were you at all involved in establishing the College of Medicine at FSU?

Gearen: No.

Thomas: Were you aware of the feelings of any of your UF colleagues about that?

Gearen: Sure.

Thomas: What did people say at the time when they started to hear that there's going to be another college of medicine down the road?

Gearen: Well, you know, the college of medicine here has a very academic focus, it's obviously been around for a long time, years or whatever. It is well supported in the legislature or had been; there was depth throughout all the basic science divisions, there was depth in all of the training programs for medicine, surgery, et cetera. It's mature, it's a mature medical school, and I think that the same feelings that are being expressed regarding the two or three new medical schools that are going to be developed at Central Florida and Florida Atlantic, or wherever the hell else they're going to put them, were reflecting the same kind of conversation that happened when the folks in Tallahassee felt that they wanted to advance beyond this one year. I think that it was sold as a way to deliver primary care physicians again to the community, and that there would be more black physicians because they would have a greater applicant pool from FAMU and a little more liberty to be able to admit candidates who may not otherwise not be able to get in here. They didn't have the facilities —. At the root of it all, I think, is that it was perceived that it would dilute the resources that were available through the University of Florida College of Medicine. Because if you're around this business long enough, most of it revolves around politics and money and stuff like that. And so, I think that's probably where the action was. If Harvard was going to come down here and set up a new medical school in Niceville or some place like that, as long as they didn't require legislative action and money, I don't think this place would care, to tell you the truth.

Thomas: Thank you.