Florida State University
College of Medicine

Florida Board of Governors
September 21, 2006
Brief History

- **1971** – Program in Medical Sciences (PIMS) funded through NIH grant for 30 first year medical students.
- **1975** – State assumes PIMS funding
- **1999** – Legislature requests FSU and BOR to conduct study of medical school expansion issues resulting in Original MGT Plan for Implementation Draft
- **2000** - FSU College of Medicine created through Chapter C2000-303, Laws of Florida
- **2000** - Legislature begins 9 year phase-in of funding for the FSU Medical School to support 480 medical students
- **2001** - First class admitted
- **2005** - Granted full accreditation by the LCME
Mission

“The Florida State University College of Medicine will educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge and are responsive to community needs, especially through service to elder, rural, minority and underserved populations.”
National Perspective on the FSU COM Medical Program

“The model being employed by the Florida State University College of Medicine and the pilot project underway at Harvard Medical School and the Cambridge Health Care Alliance are examples of the kinds of innovative approaches for teaching clinical medicine in ambulatory settings that are badly need.”

“Ambulatory-Based Clinical Education: Flexner Revisited,” From the editor, Academic Medicine, 81(2), February, 2006, p.105.
• Elderly
• Rural
• Minorities
• Medically Underserved

Served Through Primary Care & Family Medicine
Community-based Training

At the regional campuses, third- and fourth-year students train one-on-one with practicing physicians in private practices, hospitals, and other medical facilities.
College of Medicine Today
Diversity of Student Body

- Non-White
- Ethnicity
- Gender
- Male
- Female
- No response
- Native American
- Asian
- African Am
- Hispanic
SSTRIDE is an outreach effort of the FSU College of Medicine with support from Florida's Area Health Education Centers. The program consists of pre-college and college components.
Bridge Program

Students from medically underserved, rural and inner-city populations who do not gain direct admission to the medical school may be invited to participate in the bridge program.
2006 Bridge Demographics

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
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<tr>
<td>Male</td>
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<tr>
<td>White</td>
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<tr>
<td>Vietnamese</td>
<td></td>
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<tr>
<td>African American</td>
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FSU Clinical Training Sites

Regional Campus

Rural Track Site
Clinical Training Expenditures

Costs not typically found in the traditional model:

- Nominal stipends for preceptors
- An allowance for rural track student’s living expenses
- Travel expense incurred by clinical faculty for supervisory visits
- An extensive site technology package
The Original MGT Budget Plan

- Budget built using 1999 dollars (no inflation)

- Assumed 5 community campuses at $4.6 million each using community faculty volunteers and with community financial support

- Assumed funding from 1 major collaboration

- Assumed $0.6 million for one rural track

- Assumed full implementation (no budget cuts)
Implementation Differences in MGT Plan

- Significant outreach effort and costs necessary to achieve student diversity
- Bridge Program
- Statutory addition of 1 regional campus
- Collaborative funding did not materialize
- Cost of informatics/ telecommunication estimated significantly below actual costs
- Accreditation influenced costs to achieve consistency in quality and the requirement for Ph.D. programs
- Size of rural training efforts was underestimated
- Budget reductions - $1,631,799
## 2006 Legislative Session Operating Budget

<table>
<thead>
<tr>
<th>Location</th>
<th>Recurring</th>
<th>Non-Recurring</th>
<th>Total</th>
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<tbody>
<tr>
<td>Ft. Pierce (Regional Campus)</td>
<td>$1,891,018</td>
<td>$1,483,982</td>
<td>$3,375,000</td>
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<tr>
<td>Daytona Beach (Regional Campus)</td>
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<td>Request</td>
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