

PATRICIA J. WEST WITH WILMER J. COGGINS, M.D.

A SPECIAL KIND OF DOCTOR

A HISTORY OF THE COLLEGE OF
COMMUNITY HEALTH SCIENCES

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A History of the College of Community Health Sciences

By PATRICIA J. WEST
with WILMER J. COGGINS, M.D.

College of Community Health Sciences of The University of Alabama
Tuscaloosa

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Distributed by The University of Alabama Press
Tuscaloosa, Alabama 35487-0380

Typeface: ACaslon

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The paper on which this book is printed meets the minimum requirements of American National Standard for Information Science—Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Library of Congress Cataloging-in-Publication Data

West, Patricia J. (Patricia Jean), 1963–

A special kind of doctor : a history of the College of Community Health Sciences /
by Patricia J. West with Wilmer J. Coggins.

p. cm.

Includes bibliographical references and index.

ISBN 0-8173-1429-6 (cloth : alk. paper)

1. University of Alabama. College of Community Health Sciences—History.
 2. Family medicine—Study and teaching—Alabama—History. I. Coggins, Wilmer J.
- II. University of Alabama. College of Community Health Sciences. III. Title.

R746.A2 W47 2004

610'.71'176184—dc22

2004000604

Preface

In the spring of 1970, David Mathews, Wayne Finley, John Burnum, Dick Rutland, and others committed themselves and The University of Alabama to an intensive experiment unique in the history of academic medicine. Their purposes were three-fold: 1) to address the need for physicians in rural Alabama; 2) to counter the trend toward technology-driven, expensive, and impersonal patient care; and 3) to expand the definition of health and of health professions education to include the community as essential and central to such a model. The result was the College of Community Health Sciences (CCHS). To give life to their vision, three key components of CCHS from the start were a Family Practice Residency; community-based education for medical students, residents, and other health professions students; and community-responsive research and outreach. At every level, the approach was to be interdisciplinary.

The early team was soon to expand to include John Packard, Bobby Moore, Bob Pieroni, David Hefelfinger, and a “Kentucky Mafia” emigrating with Willard from the new University of Kentucky College of Medicine, including Bill Winternitz, Roland Ficken, Doug Scutchfield, Russ Anderson, and Bob Gloor. So as Americans walked on the moon, as the war in Vietnam became a raging controversy, and as students demonstrated and rioted on campuses across the nation, Mathews, Willard, and company forged a new kind of college, with a new kind of mission, with a new kind of name.

As we approached the thirtieth anniversary of the founding of CCHS, it was apparent to me that for most of the CCHS family of alumni, students, residents, staff, and even faculty, our knowledge of the CCHS story was limited—mostly limited to tales of the rivalries between CCHS and the larger UA medical campus in Birmingham. While knowing the truth

about that part of the story was necessary, a history restricted to that perspective alone was sure to be lacking in many ways. CCHS Dean Emeritus Wilmer Coggins has given generously of his time and skill to head a superb effort of volunteers and staff to produce this story.

It is a story not just about the struggles—academic, financial, political, or personal—but about the reasons for those struggles: the purposes born of the efforts of our founders, and the results we can claim over those thirty years. It is important to know the truth about it all, because knowing it frees us for today's work. Surely it is so that he who ignores the lessons of history is condemned to repeat them. Beyond that, parts of the story have national implications, both in medical education and in the realm of public policy, and are as relevant today as then.

However, in sifting the facts and plotting the vectors of the past thirty years, an even more substantial reason for studying the history of CCHS emerges. It is that in doing so we can establish relationships with the minds and hearts that brought the experiment to life. We have the limited opportunity to get to know the people who did it, because many of the founders and early leaders are still with us. Not only are they able, but willing, to recall, to reflect, and—many of them—to spend considerable time in writing and refining the story. For them, as well as for students, residents, patients, and communities of people in Alabama and indeed across the nation—we can be grateful. They have contributed to a rich and fulfilling journey.

The journey begun amidst exploding azaleas and dogwoods, confronting exploding technology, health care costs, and emerging dissatisfactions about the American system of health care, has continued. The routes have been both predictable and surprising. The reasons for the founding of CCHS are if anything more pertinent today than they were thirty years ago: rural communities have even more complex medical, economic, and social distress; American health care is even more technology-driven, expensive, and impersonal; and the role of “community” in health care and in other essential relationships and decision making faces an uncertain future.

The people of our state and nation are crying out for something different, something to clarify and balance the whole confusing system. If we are going to participate in the discussion, we still need the vision of thirty years ago, refined and adapted for today. We still need physicians

and others educated and trained with an extra dimension, an additional set of tools in their black bags. We still need a special kind of doctor.

William A. Curry, M.D., F.A.C.P.
Dean, CCHS

Acknowledgments

This book would not have been possible without the insightfulness of Dean William A. Curry, who recognized the need to record a history of the college as the program reached its thirtieth year in 2002. He asked former dean Roland Ficken to bring a small group together to establish the guidelines for the book and to suggest its general tenor. This group included Drs. John Burnum, Richard Rutland, Riley Lumpkin, William Winternitz, Will Coggins, and Mrs. Lisa Rains Russell. Over a period of three years, this group worked to make this book a reality.

Of this group, Mrs. Russell deserves special recognition. Throughout the entire process she remained dedicated to the project, meeting with the editor and writer each week, helping with research, writing, editing the manuscript, and identifying others who mined the archival ores in the university libraries in Birmingham and Tuscaloosa. We are especially grateful for her loyalty throughout this process.

Mrs. Nelle Williams, interim director of the Health Sciences Library, and her assistant, Mrs. Sharon Glenn, have provided valuable assistance in finding sometimes obscure, even unreferred material from libraries throughout the United States. The book would not exist without their help.

Dr. Samuel E. Gaskins wrote a virtually complete history of the family practice residency, where he has served as director of the residency program since 1980, except for a brief interlude. Dr. James Leeper, former chair of the community medicine program, has done likewise, giving us a history of that department's activities from the beginning to the present. We are grateful for their contributions.

Some thirty faculty, staff, and administrators in Birmingham and on the University of Alabama campus in Tuscaloosa have been interviewed,

or have provided responses by letter to our questions. They will be identified as they are quoted in the text.

Special thanks are due to Ms. Barbara S. Lord, who provided staff support to the initial planning group, not knowing that she would be expected to staff the efforts of the production team for the ensuing two and a half years. She has provided order to our efforts, and has done so graciously.

We have been fortunate to have been given working space in the dean's administrative offices where Mrs. Vicki Johnson, director of Advancement, and Mrs. Linda Wright, Ms. Pat Murphy, Mrs. Carol Boshell and their student assistants have cheerfully responded to our requests for material support, and assistance in copying and communication. They have provided a pleasant and supportive atmosphere in which to work.

Mrs. Linda Jackson, editor of the college newsletter "On Rounds," has been an invaluable resource for dates and data from that source and others.

Ms. Nickole L. Moore, with her long service to the CCHS surgery department, provided a comprehensive view of that department's activities over the years.

Ms. Mary Kay Hannah graciously made the resources of the medical student affairs office available to us.

Two University of Alabama graduate students contributed to the book: Mr. Edward Black in the history department conducted archival research for the project in its early stages. Ms. Brook Darnell in the library school conducted research for us for many months as we attempted to fill in the holes in our story.

Mr. Thomas Land of the University of Alabama archives and records management group also provided useful information, as did Mr. Tim Pennycuff of the University of Alabama at Birmingham's archives.

Ms. Laura Green and Mr. Timothy Martin of DCH Regional Medical Center helped identify and provide the photograph of the hospital used in this book.

Many other individuals assisted us by providing materials, often retrieved from their personal files, that helped tremendously: in particular Dr. James Pittman, Dr. Riley Lumpkin, Ms. Judy Hodges, Professor Richard Thigpen, and Dr. John Packard.

This manuscript was improved by several individuals who agreed to read or review parts of it, including Dr. Charles Lydeard, Ms. Anne R.

Gibbons, Ms. Patricia Norton, Dr. Roland Ficken, and Dr. Richard O. Rutland.

U.S. Senator Richard Shelby provided useful background about the early development of the college, for which we are grateful.

We also appreciate the financial support provided by the Lister Hill Society, headed by Mr. Tommy Hester. This book would not have been possible without its support.

Introduction

To many, the term “family doctor” conjures up an image of a kindly older man, caring, knowledgeable, dependable. Perhaps he has a small office, a small staff, and a steady stream of patients that have known him for twenty years or more. In all probability he has been a part of many major family events, including the arrival of the new baby, that broken bone, perhaps even the death of an elderly family member. He was someone the family trusted absolutely to provide solid medical advice, comforting words, and reassurance that everything would be all right.

But what if you lived in a town that had no such person? No family doctor to whom you could turn to when the baby got sick, when hay fever season hit, or when someone you loved contracted that first virus of the season. Such was the case in many of the nation’s small towns and rural communities during the fifties and sixties and beyond. Medical help might be fifty miles or more away, perhaps in the form of a distant emergency room or the office of a physician whom you had never met. “Family doctor” in this case was an abstraction, a physician who cared for *other* families, in *other* cities or towns.

The University of Alabama’s College of Community Health Sciences was established in 1972 to help address this problem in Alabama, where the doctor shortage was severe. Here, the nation’s serious paucity of physicians was heightened due to the predominantly rural population of the state. While substantial increases in physicians in the state were occurring in the five largest counties, the number of doctors in the other sixty-two counties was declining. Although the population of the state was growing, largely in the urban centers, the output of new doctors had not kept pace.

But the distribution of doctors was not the only reason for the doctor shortage. Many of the new doctors being trained were choosing the more

prestigious specialties or subspecialties of medicine, and were choosing to practice them in the more urban areas of the state. Family medicine, so widely practiced before World War II, had rapidly been replaced by specialized areas of expertise. By 1970 fewer than 15 percent of medical school graduates in the United States chose to enter careers in family or general practice.

Something needed to be done. In response the Alabama Legislature turned to the University of Alabama and its range of resources to address the health demands of the state. A study of the situation soon helped to determine that the answer did not lie entirely in the production of more physicians. What was needed was a special kind of doctor trained in the area of family medicine, general practitioners who would choose to practice in the state's underserved small towns and rural communities and who were equipped to treat the myriad of basic medical problems found in those areas.

Family medicine became a new specialty of primary care in 1969. Trained to provide comprehensive personal health care, the "new" type of physician was to act as the first point of contact for the patient, to evaluate his or her total health needs and assume responsibility for those needs in the context of the community and family.¹ Dr. G. Gayle Stephens, former dean of the School of Primary Medical Care at the University of Alabama School of Medicine in Huntsville summarized the distinctions that characterized family physicians.

Family physicians know their patients, know their patients' families, know their practices, and know themselves. Their role in the health care process permits them to know things in a special way denied to all those who do not fulfill this role. The true role of family medicine lies in the formalization and transmission of this knowledge.²

CCHS was established to fulfill the need for more family doctors for rural Alabama but also to educate an "undifferentiated" physician—one who chose to attend the community-based campus but would go on to the traditional specialties. The college is a unit of both the University of Alabama and the University of Alabama School of Medicine (UASOM) in Birmingham, an academic health center of national rank established in 1945. Yet in spite of close ties between the two institutions, the Tuscaloosa

program was not an outgrowth of the medical school in Birmingham. Indeed, these two institutions, with their distinctive goals and missions, were often at odds during the developmental years of the medical education program in Tuscaloosa. Absorbed in medical research and highly technical approaches to treatment, and concerned about the meager education dollars available in the impoverished state, administrators and faculty at UASOM were skeptical about this program designed to train family doctors and to develop different models for health care delivery.

Today, in spite of this uneasy beginning, CCHS is helping to meet the state's needs by providing physicians with the expertise to provide accessible, up-to-date, and compassionate medical care in two basic ways: the education of medical students and the training of medical school graduates in the specialty of family medicine. The undergraduate medical education program in Tuscaloosa provides the clinical years of medical education for UASOM medical students who choose to explore opportunities in primary health care: family medicine, general internal medicine or pediatrics. Medical students who choose to join CCHS first complete two years of basic sciences, known as the preclinical phase of medical school, in Birmingham before embarking on the clinical two years in Tuscaloosa. The curriculum for third- and fourth-year medical students consists largely of bedside instruction, a clinical experience that allows a small group of students, usually fewer than four, to be taught by a faculty physician in the appropriate specialty, as the group "makes rounds" on their hospital patients each day. CCHS students are trained in patient care at both DCH Regional Medical Hospital and the Capstone Medical Center, the university's outpatient clinic. CCHS students also have a preceptorship in Family and Community Medicine through a rural medicine clerkship (Appendix C).

The second important component of the CCHS program is a well-established family practice residency, a three-year training program for newly graduated physicians who wish to specialize in family practice. The specialty allows physicians to gain the experience they need to perform as family physicians, who would have the first contact with patients. The first resident arrived on the UA campus in 1974 and now thirty-six of these doctors are in training in Tuscaloosa each year (Appendix D).

A major aspect of our community-based medical education program is the use of private practitioners as teachers for the medical students and residents. Many of the surgical and medical specialists in Tuscaloosa pro-

vide experience for both medical students, principally in their senior year, and for residents during the second and third years of training.

This book covers three distinct topics, the first being an overview of medical education in the state, with an emphasis on the public medical schools that served as the predecessors to CCHS. This material provides perspective on the development of the college and why its development was necessary in Alabama. This preliminary material will also serve to acclimate readers who may be unfamiliar with the history of medical education. The second section deals with the motivation for creating such a program. The final chapters outline the history of the college, from its uncertain beginning to the flowering of this program that has provided its unique contribution to the health care of the people of Alabama.

This book is a history of an institution: as such it recounts the development of facilities, programs, and outcomes. But in larger measure the book serves as a history of the dedicated and enthusiastic people who helped to make a special kind of doctor for the people of Alabama.

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I

Medical Education in Alabama

The Early Years

The University of Alabama School of Medicine (UASOM) in Birmingham can trace its origins to the heart of the city of Mobile. Here in 1859 the Alabama Medical College was established, a small institution started by a local physician who recognized the need for more doctors for the state. Although a handful of other medical schools were established in Alabama in the middle of the nineteenth century, only this institution would have a lasting impact on the training of physicians in Alabama.

U.S. medical education differed greatly from the format that we know today. In the mid-1800s, medical school consisted only of attendance at a course of lectures, usually lasting six weeks. The same lectures were repeated once each year, and students were encouraged to attend a second time. Typically, this didactic teaching took place after a year of apprenticeship with a practicing physician who was willing to be observed and to have the service of an assistant in his practice. This experience, in addition to the equivalent of a high school diploma, was all that was required for admission to medical school. With such low entrance requirements and courses that were perfunctory and brief, the process was quite informal: it took relatively little work to become a physician.³ Few schools required any type of exam for graduation and licensing by states was not yet a practice. Becoming a medical doctor, therefore, consisted primarily of "claiming to be one."⁴

Those who were dissatisfied with this cursory approach to medical education could pursue more vigorous postgraduate training in Europe. France and Germany, in particular, were considered the "mecca" of foreign medical study, teaching pathology, laboratory methods, physical diagnosis, and the statistical method of clinical research.⁵ Those who studied there had a decided advantage.

The Start of Medical Education in Alabama

Formal medical education did not begin in Alabama until 1859. At that time the noted surgeon Dr. Josiah Clark Nott of Mobile convinced the people of that city to support the establishment of a medical school. Nott was a well-respected surgeon, scientist, and ethnologist who had received wide attention for his 'scientific' views on the inherent inferiority of blacks to whites.⁶ Nott also established himself as a pioneer in American medicine as early as 1848. Many years before the germ theory was proven Nott had pointed out his belief that yellow fever was probably transmitted by mosquitoes, not by vapors from swamps or other environmental factors, which was the standard belief of the day. He reached this conclusion after careful observation of the pattern of outbreaks of yellow fever in Mobile and elsewhere.

Nott had long tried to convince the legislature to support such a venture, arguing the merits of educating the state's physicians within its borders, rather than losing them to other states. Nott himself had been educated at the medical school of the University of Pennsylvania, one of the oldest and best-known educational institutions in America at the time. When the state refused to support the medical school, Nott was able to convince some of his wealthy and influential friends to fund such a school without assistance from the state. Using rented quarters, Nott started his remarkable school, equipped with the latest in teaching aids and models, which he had purchased during an extended trip to Europe using funds donated by the citizens of Mobile. When Nott and his faculty of seven full-time professors opened the doors of the medical college in 1859, one hundred and eleven students were enrolled.

The school was deemed an immediate success, and shortly thereafter, the state agreed to participate in this venture and appropriated \$50,000 for a building. The school, with its superior museum of anatomical models and new facility, was a source of pride for Nott, who referred to it as his "own creation and hobby." In 1860 the college became the Medical Department of the University of Alabama but had its own board of trustees. Nott's success in getting both governmental and private support for the new school preceded by half a century Abraham Flexner's attack on proprietary medical schools, in which faculty depended on student tuition fees for their salaries.

The medical college represented the state's first attempt at medical