

# NEWS

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\* \* \* \* \* \*UT Southwestern is getting docs  
into the small towns of Texas.

DALLAS--How're you gonna get medical students down to the farms after they've seen Big D?

Actually, says Dr. Bruce Jacobson, director of Southwestern Medical School's residency program in family practice at John Peter Smith Hospital in Fort Worth, many medical students who come from small towns really enjoy the community atmosphere and spirit. That's why the John Peter Smith program takes a careful look at students who grew up in small towns and rural areas when selecting applicants for its 20 residency places a year. The program, which last year had applicants from 26 states, has trained 86 M.D.s with a specialty in family practice since 1972.

"A good rule of thumb," says Jacobson, "is that a male doctor will rarely stay in a town smaller than one in which his wife is comfortable. This often means his wife grew up in a community of similar size."

And while it's not necessary to be from a small town to be accepted in the Fort Worth program, if a doctor is thinking of practicing family medicine in one, he or she had better be sure the lifestyle is compatible. Maybe that's why we get so many fishermen and hunters," the doctor who practiced for many years in a small town nearby said with a smile.

Preparing physicians to practice medicine in small towns, especially in Texas, is a major goal of the John Peter Smith residency program. In 1977, the 65th legislature mandated the training of family-practice physicians to provide access to health care for its citizens as a major goal for the state.

Along with this mandate came the funding of post graduate medical education in family practice.

Although Texas has a high doctor-to-patient ratio (figures show it is 759 to 1 in 1980), throughout the state there are pockets of underserved areas. These are in remote rural parts of the state, in small communities where there is a dwindling population and a proliferation of senior citizens and in the poverty areas of its major cities.

Dr. Bid Cooper, third-year resident at John Peter Smith, is a "Snyder boy." And he's seriously considering returning to his hometown to practice family medicine.

Snyder, a town of about 15,000-16,000 70 miles northwest of Abilene, is a prosperous community which draws much of its wealth from oil. In the 50s an oil boom turned the tiny cotton and ranching town around. Suddenly money was everywhere. And although the boom faded away, the oil is still there, and the community has remained prosperous. And now wells are being opened up again since this method of production has proved far more efficient and economical than drilling new holes.

This wealth has added to the paradox of Snyder. Located in what may well be the bleakest, most arid area of the state, the town is surrounded by lush cottonfields, the product of irrigated farms. Snyder is not only the home of a small air-field with complete jet service, but also of a fine art collection, containing both Western Remingtons and fine Chinese jade. The "museum" where the works of art are kept is the locked office building of its former owner. You can visit by making an appointment. On the same street--the main one of the town--is a shed-like building which shelters a parts shop in the front. A remnant of the fifties, the peeling paint on the side still proclaims "FALLOUT SHELTERS" for sale. But Cooper loves it.

"Snyder has always had a good school system," says Cooper, whose wife is from a small town in Arkansas. "Everyone I knew had jobs. There was a minimum of misery and poverty there. It has a good hospital and a well financed parks and recreation department. Snyder to me has a lot of the virtue and few of the faults of a small town."

Best of all, Cooper likes that intangible thing, the feel of the community. A place where everybody knows everybody and everybody has a place. He doesn't even think it's ugly. The hometown boy actually refers to the surrounding countryside as "the big sky country."

And while Snyder may not be everybody's dream, one would be foolish to bet against the town's ability to attract physicians in the future. The major reasons are its financial assets and its leadership in the effort to recruit more doctors, especially in family practice, to the town.

Dr. Carl Dillaha, one of the family practitioners in Snyder, who has been described as an "easy-going, congenial, kick-your-boots-off man who is hard to catch without a smile" is one of these leaders. A graduate of the University of Arkansas Medical School, he came to West Texas 27 years ago to set up medical practice with a friend who "never wanted to be cold again."

For the past eight years Dillaha has been serving as preceptor, that is Dillaha is a doctor who acts as teacher, friend and confidant to the medical students from UT Galveston, Texas Tech and Southwestern. Students who are interested in leaving the sometimes unreal world of a major teaching hospital and the ivory-tower environment of the medical campus and "taking a course" in what the life of a family doctor is likely to snap up opportunities like these. Often this student is a "city boy or girl" who gets his or her first opportunity to see not only family medicine in action but what life in a small community is like. And they often find it to their liking.

One of Dillaha's preceptees this summer was James Fisher, the son of a specialist in internal medicine in another state. Now a family practice resident in Phoenix, Ariz., Fisher rated his experience as "unequivocally the single most important and worthwhile month (I've spent) since entering medical school." It was the deciding factor in his choosing a family practice residency over other medical specialties he was considering.

"I feel that any medical student, especially in his or her third or fourth year, who has even questionable inclinations toward any primary care specialty--whether that be family practice, internal medicine, ob/gyn or pediatrics--would profit considerably from doing a month in this preceptorship program in terms of ruling things in or out. It may be even more important, maybe for those inclined toward the more exotic specialties so they could see that one does not require a university medical center, 1,000 bed hospital, super elaborate lab equipment and all the rest in order to practice 'good medicine.'"

At the present time, the Southwestern graduate thinks he will probably settle in the Phoenix area. (Several studies have shown that residents are likely to go into medical practice within a 100-mile radius of where they received their graduate medical training.) But he doesn't rule Snyder out.

"I like Snyder," he says. "I didn't like Dallas. I'm more comfortable in a smaller place."

Looking back, the young doctor says his experience working with Dillaha and the other doctors in the town, as well as in the hospital was the period when he learned more than any other time in med school--about being in the real world and about medicine, too.

And what about Dillaha? Does he get anything out of the time and energy he puts in as a volunteer teacher of family practice?

A feeling of personal satisfaction is at least part of the answer. "It's a good feeling to know we've helped mold some of these young doctors."

Also, the physician says, it's always stimulating to talk to the students. "It helps me keep up with what's going on in the schools, to keep current." In addition, the more aggressive students are helpful to the doctor, who sees around 50 patients a day in his office. Both Cooper and Fisher, preceptors with Dillaha different years, were this type. Then there's always the hope one of these young preceptors will come back to the community where he or she was introduced to family medicine.

The other side of the recruiting coin in Snyder is the effort being made by Cogdell Memorial Hospital administrator Cy Miller and the hospital auxiliary. About 10 years ago Miller and the volunteers created a novel program to try to attract physicians to Snyder. And while there is not a bad shortage of family doctors in the community, yet, they worry themselves about the future. All are between about 53 and 56 and could be expected to retire around the same time. Since the life expectancy of physicians is shorter than most professionals, 25 years is the figure often quoted as an average length of medical practice today.

In addition, the ratio of primary-care physician to patient is also misleading. The county population figure of about 20,000 does not properly reflect the number of patients seen by Snyder physicians. Their practices are in a farming/ranching territory where its citizens ride the flatlands of the llano estacado, or Staked Plains, in pick-up trucks as they wandered the land on horseback in its early days.

"We see patients in Snyder from a large area of West Texas," says Dillaha. "Some of the little towns have no medical care, some are really shorthanded and some of the people in the cities around here come to see us because they miss having a family doctor."

Miller says the same thing is true of the hospital, which has many out-of-town admissions. "That's why it's vital that we continue to have the backing of the community for our scholarship program."

What the Snyderites speak of as their "scholarship" program for medical students interested in practicing medicine in the community was started with an initial gift of \$10,000. The fund has grown over the years through the efforts of the Cogdell auxiliary. Actually, the "Scholarship" is a low-interest loan plan, each year of which may be excused by one year of practice in the community. Applicants are screened carefully. So far all have been from West Texas, most of them with wives with West Texas connections, also. During part of his schooling, Cooper received a loan from the hospital fund.

At present Miller feels that the community has invested about \$200,000 in the program. So far only one doctor in the program, Dr. Paul Thompson, Jr., has come to the community out of the six who have signed contracts with the hospital. Dr. Thompson has been practicing in Snyder a little over a year.

An agricultural graduate, Thompson was farming in the Snyder area when he began to consider medical school. The fund available for the education of doctors for the community enabled the family practitioner's dream to become a reality, and the community gained a valuable asset. The Rice graduate brought the number of physicians in the town up to nine. Of these, seven are in family practice.

"We look on this money as an investment," the administrator says. And other communities must feel that Miller's plan has a good chance working, too, because it has been copied by other towns since word got around.

Miller, the administrator at Cogdell for 15 years, might well be mistaken for the Manager of the Chamber of Commerce when he ticks off the attributes of Snyder which he believes will help attract physicians to the town. And he believes. Among the virtues he lists are good schools, a community college, the oil, a high employment rate, low taxes, proximity to the cities of Lubbock and Abilene, easy-driving distances to the city of Dallas and the ski country of Red River and Ruidosa, New Mexico, hunting, no smog and a good climate.

He is also justifiably proud of the local hospital, which recently expanded to a 130-bed capacity. Cogdell has its own nuclear medicine department and cardiac-care, inhalation and respiratory therapy units, as well as ultra-sound equipment.

"Its' as good as any hospital of its size in the state."

These experiences-with-a-real-doctor-seeing-real-patients are an important part of the family practice program at Southwestern. While some schools require them in some area of primary care, they are an elective at the Dallas school. And at least for now, Dr. Bill Ross, head of the family practice program, says that's the way he wants it.

"We tried that approach in the 50s. And we found nobody gave a damn about sweeping out for some doctor and following in his footsteps. We need dedicated doctors working with us who care--and that's who we've got now. We also want students who are interested: they're the kind who have a good experience."

He also believes that the preceptorships, along with programs presented by the Family Practice Club at Southwestern, are the best way of providing information to medical students about what the life and work of a family practice doctor is like.

"Providing this information to the students so that they will have information about family practice at a time when they are facing major career decisions is what we're all about. We don't have services in family practice like you have them in internal medicine and surgery and other medical areas."

Ross himself keeps an "open-door" policy. Any medical student who wants to ask questions, or just talk is always welcome.

One of these students is Mike Parchman, a graduate of Baylor University who "grew up all over Texas."

A pre-med major seemed a great way of combining his interest in chemistry with being able to spend a lot of time with people, to Parchman, now in his third year of medical school.

Parchman hasn't made a decision on what residency he wants yet, so why did he spend the month of September with Dr. Max Latham, a Southwestern alumn, in Sulphur Springs, a dairy community an hour-and-a-half away in East Texas?

"I had two close friends who had done preceptorships at Southwestern who encouraged me. They said that in order to make such an important decision, I needed to get out of the academic world into a private clinical situation so I could see the differences in the style of medicine that was being practiced. I zeroed in on Sulphur Springs because I had heard good things about the preceptorships others had done with Dr. Latham's group there.

"The experience of working with the doctors in Sulphur Springs was as different from the Parkland experience as day from night. I came away impressed at the variety of cases a small-town physician sees and at the quality of the medical practice I saw." Also, says Parchman, it was a relief to "see these guys occasionally throw up their hands and say 'I don't have the slightest idea what's going on here' and go back to the books.

"For some reason we need to stress the idea to med students that if we don't have the answer, we're less than the doctors we should be. I don't know whether it comes from the self-pressure we feel in med school, from peer pressure or faculty pressure. But students tend to forget that our faculty members don't know everything--they consult each other and learn from experts, too."

Another thing the junior liked about his preceptorship was his first look at the business side of medicine and seeing the politics of medicine in developing a health-care plan for the community in action. Parchman also says he believes the experience will help "zero in on what I really need to know" for the next three years. For example, he sees that a family practitioner definitely needs lots of work with the interpretation of EKG (electrocardiograms, electrical impulses in the brain), dermatology and orthopedics.

The student hasn't decided on his specialty area yet. But he is considering family practice. First, he likes the tremendous variety of things he would get to do as a physician. Second, Parchman says he would enjoy the challenge of the continuing education that would be necessary in such a practice and third, he has learned that the life of a small-town doctor is not physically impossible.

"Medicine's important to me, but I have other goals in life, too. I wanted to see if it's possible for a family-practice doctor to set up a practice so he has time to see his kids grow up, be involved in the community and have other interests and hobbies.

"And it is."

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