

Steven L. Berk, M.D.

What was the central idea behind the FMAT program?

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We could get students trained in the entire curriculum in three years, and then go into one of the family medicine residency programs of that school.

Why was the focus on family medicine?

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To increase in number of students going into family medicine was key to solving the primary care issue. It couldn't be solved in internal medicine because only 20% of Internal Medicine graduates actually stayed in primary care, the other 80% went into specialties. And we also know in small towns like in Texas, the only physicians in small towns of 25,000, or 30,000, were family medicine physicians. So our goal was to get more students into family medicine. And that would be to give only those students interested in family medicine, a chance of graduating after three years and going into one of our family medicine programs.

How has this program increased interest in family medicine?

1:05

That idea, actually was very successful because we were bringing, we were having about 11% of our students go into family medicine, before the FMAT program went up to 19%. After the FMAT program, now, it's been more like 13%. But still, we're now one of the medical schools, one of the top medical schools in the country for producing family medicine physicians.

How has the need changed over the years?

1:35

The need for primary care physicians and the projected shortages of primary care physicians has actually gone up. Even though there's been a lot more medical schools. Still, most medical schools only produced 10 or 11% of their students to go into family medicine.

Are these FMAT graduates staying in rural areas where they are most needed?

1:58

Many of the FMAT students and many of our graduates who go into family medicine are in the small towns in Texas, I'd say that most of them aren't in places where they're where they're really needed. The only exception is that we also have several or quite a few family medicine graduates have joined our own faculty, or faculty in Amarillo. But that's very much needed also, to teach those students to be good family medicine doctors.

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What impact has this program had on the country?

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The biggest impact is that there's 10 other medical schools that have a program almost exactly like ours called The Family Medicine accelerated track. And there's now almost 20 or 30 medical schools that are looking at three year programs, maybe a little bit different than ours, but also three year programs to meet the need for the underserved.

Do you feel like our program set a standard for other medical schools?

3:02

We were definitely the leader in the family medicine accelerated track, we had the first Family Medicine Accelerated Track. I brought the idea nationally to the Council of Dean's of the AAMC. So yes, I do. I do think that Texas Tech Health Science Center takes credit for the idea of the Family Medicine Accelerated Track and developing the first Family Medicine Accelerated Track. Now other programs, Mercer was the second I think they have a larger Family Medicine Accelerated Track than we do. But we definitely were the pioneer in this idea that has made a big difference, I think in producing more family medicine physicians.

How would you define a rural area and the health care issues they face?

3:55

There's lots of different definitions for rural, the definitions for areas that desperately need physicians or the ratio of primary care physicians to population and when it's one to 3500 that's a rural area that's in its greatest need. But I will say that when it comes to needing primary care physicians and family medicine physicians, definitely the need is greatest in rural areas. But there's also a need in urban areas and there's even a need in some suburban areas that don't attract family medicine physicians very well either. But certainly in the state of Texas, there is an enormous need for primary care physicians and I say family medicine physicians because again, that's the these small towns only have family medicine physicians in them. So the rural areas that we're worried about are where the ratio of physicians to population is so low.

How does the FMAT program work?

5:16

Of course, it's very important that when our students graduate, they've had all the experiences of the other students that there's no deficiencies, because a family medicine physician has to be expert in almost everything. So the way we were able to do this is after the first year, while other medical students are doing other things like the summer research program, the FMAT students are going through the summer, learning about history, physical exam, very intensely working with family medicine doctors to get a jump on the importance of clinical medicine, history taking and physical exam. They get such a good background in the summer, which we call that we call that course FMAT one, that when they start the second year, while all of the students are doing mostly the basic sciences, they're taking two mornings a week, to do family

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medicine, to see patients in the clinic, and to see patient on the wards. And they do that for two mornings a week for the entire year. So by the time the third year comes around, they have had all their experiences IN family medicine. In fact, they've taken all of their standard exams, in family medicine, both their ASCII their clinical exam, and the written exam. Then when they go into the third year, there's eight weeks of family medicine that all the other students take that they don't have to do, they've already done the family medicine clerkship. So now they have eight weeks to do the critical things that the other students are going to do in the fourth year. Emergency Medicine is extremely important than some ambulatory medicine and some emergency medicine. And so in those eight weeks, we get them to be able to do everything that they have to have in the senior year because in the senior year, the students are doing a lot of elective time based on their interest and early in the senior year, a lot of the students are still trying to figure out what discipline they want to go into. So the FMAT students don't have to do any of that. So lo and behold, after the third year, they are finished, and they graduate and they then are guaranteed to be in one of our family medicine residency programs, which we have three of them and we have one in the Permian Basin, one in Amarillo, and one in Lubbock. And so they will be in one of the three to some extent based on what city they wanted to be in.

Tell us about the anniversary that this program is celebrating.

8:22

We started the program in 2010. The first graduates were in 2013. And so we're celebrating 10 years of FMAT graduates now in 2023. And again, the first graduates of the residency program, FMAT in 2013 were the first graduates of any family medicine accelerated program in the country.