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USF Florida Studies Center
Oral History Program
USF 50th History Anniversary Project

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Current Position: Associate Professor of
Physiology

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TRANSCRIPTION

G: Today is Tuesday, July 28, 2003. My name is Yael Greenberg, oral history program assistant for the Florida Studies Center. We continue a series of interviews in our studio here in the Tampa campus library with USF faculty, students, staff and alumni in order to commemorate fifty years of the university's history. Today, we will be interviewing Dr. Greg Nicolosi who came to USF in 1972 as an assistant professor of physiology. Currently, Dr. Nicolosi is associate professor of physiology. Good morning, Dr. Nicolosi.

N: Good morning.

G: Let's begin by you taking us to the year you arrived in Tampa and what circumstances brought you to the University of South Florida.

N: I started here in 1972. I graduated from Ohio State University and I took a faculty position there. Actually almost two years before that I had been recruited here, but I took the position at Ohio State instead. It was close to my hometown and I had pretty much grown up there. I thought it was an ideal circumstance, and in a lot of ways it was. The downside of it was [that] they actually had a policy about inbreeding. They really didn't

like hiring their own, and they had made an exception. Then, I found out there was some wisdom in that policy because it was very difficult to get credit for your own work. You were still, in the eyes of many of them, a graduate student. So, my mentor there, a guy named Heinz Pieper, was a wonderful, wonderful man and was extremely helpful and supportive. He said maybe the only way to break this is [for] you to get out of here a few years, go somewhere else, and then when you come back you'll get credit for what you're doing. [He said] otherwise you're just going to have trouble with some of the senior people here. That was when I went back and looked again at the position down here. When I came, I got here for the interview and I was not here very long at all, probably not a half a day, and I decided man I must be out of mind to do this. There was no building, the funding for the whole program was still in question, [and] they had gotten the money for the initial part but not for the rest of it. They were projecting that we would be in some borrowed space in the science center but then eventually maybe we'd get some trailers of our own, and then ultimately this building would come up out of the ground. I had actually decided that this was not going to be something I was going to jump into because I had a position at Ohio State. I was used to situation there where you would stand on this stage and there were 400 students out there, it was like Johnny Carson; I mean you had all kinds of backup and visual aids and stuff in the library that was phenomenal and a wonderful laboratory complex. I had pretty much decided that this was not going to be a good choice. I'd actually held to that opinion, but, at the time, one of the conditions that Dr. Smith had stipulated with all of the chairs was that if they were to get reimbursed for the travel for candidates that they'd brought in he got to talk to them. So, my exit interview actually was with the dean. I walked in and, I will edit

[because] he had very graphic language, he looked at the chairman at the time, a guy named Carl Baker, and he excused Dr. Baker. That surprised Dr. Baker, but he said he wanted to talk to me, so Dr. Baker left. Then, he proceeded to tell me, he said you're another one of those prima donnas they're bringing through here, aren't you? I not only didn't consider myself a prima donna, I wasn't sure why anybody else ever would either. Dr. Smith was kind of a master at that, I mean stopping you in your tracks. He said you probably already decided you're not going to come down here and go through this. He said you can go back to Ohio State and you can wait twenty-five years and somebody may let you make a decision about something, maybe they'll let you modify the curriculum or do something. He said you can wait for a lot of that dead wood in that department to die or retire to move up. I was really kind of taken back by the approach. He said [if] you come down here you're going to have to help design the curriculum and you're going to have to pick out your own laboratory equipment, and you're going to have to do this and that, and we'll have you on every committee because we don't have enough people to have you just sitting around in a lab. This went on and on. He said let me show this. We walked over there and he had this large model of what the complex was going to be like and the approach they were going to take, and then he went on and basically told me his vision of what the place was going to be like. I was too naive at the time to really get what was going on, but I finally figured [it out]. I worked for him for years and worked in the dean's office with him for years, and I finally figured out that he seldom did anything that wasn't premeditated. He was one of the foremost reviewers of medical schools that the crediting body had. He knew every medical school in the country, he knew what they were like, he knew the departments, and he had done some

homework before I ever walked in that room. I mean he said everything that aggravates a junior faculty member, he had laid it out there, and everything they wished they could change and add something was in the potential that the place had. So, I walked out of there with a whole different opinion than what I went in there with. When I got back to Ohio State I talked to my mentor there. Things were done a lot differently in those days, they actually programmed people for succession and things like there. He said the dean has told me I'm going to be the next chair of the department, the other one's got two years and he's told the dean he's leaving. He said go, and if it doesn't work out you can always come back. He said I'd like to have you come back anyway, but we'll see, you get choice. I went down to see the chair then and basically told him . . . In fact he called me down and wanted to know how the interview went and what was going on and so forth. I told him and he said they don't have the full funding for the building. I said look, after meeting that dean that building will get built. I said we may be out there laying concrete blocks before classes every morning, but I really believe [it will get built] and he will be right out there digging the hole with us, so that place is going to go. [I said] he really knows what he's doing and he has a level of energy and determination. He said well you know he has a reputation for being very hard to work with. I said I suspect that's only true if you don't do it his way. Anyway, I decided that I was going to give it a shot. I didn't know what it was going to be, but the thing I did know was that it wasn't going to be boring, that it was going to be a sporting event. It was indeed that. I mean it was a very, very exciting time. The way that they recruited faculty was essentially there was a senior chair in each department and then the chair was able to bring in one senior faculty member, and then the rest of the faculty were going to be junior faculty members.

I asked him about that in later years when I knew him well enough to ask him about anything. He said well you know if you're building an NFL team there's two ways you do it. He says you can go out and you can bring in veterans, or, he said, you can bring in enough veterans to give some stability to the team and to offer some calmness and some mentoring and then you build with the draft. He said I thought it made more sense to build with the draft. He said I wanted people who were going to begin and finish their career here and were going to invest themselves in the place and give us that kind of interest. That was essentially what he did. The thing that made it interesting too was that he essentially got a lot of risk takers because he was picking up people, or they were picking up people, that were from the most major medical centers that had well established programs that were up and going and knew what they were doing, so [they] at least had seen it done well in one place. So, they were bringing them in from all over the place. You were getting people that were essentially giving up positions at established institutions to come in and take a chance and roll the dice. That was what made it so exciting, because everybody was there because they wanted to see something different, they wanted to make something happen, they wanted to help the place grow, and really had some pride in getting it off the ground. He was correct, he did everything. There were five of us in the department and you had to put together a curriculum, you had to put together your own lectures, you needed to get a research program up and going because the tenure clock was running. You might have been out there doing the equivalent of laying academic brick, but you knew in the end, five years down the line, you were going to have a day of reckoning that you were going to have to have something underway. So, it was a lot of fun. You knew everybody: you knew the

housekeeping staff; you knew the secretary; you knew the lab tech, not in your department, in all the departments because it was such a small group and there was really a strong sense of camaraderie. I mean we pretty much had a trench mindset in those days too, because we were not the most popular operation on campus. We really did all work together. There was a lot of excitement in sharing your research and what you were doing. When I was with Ohio State we much have had nearly thirty faculty in that department plus a real close working relationship with Vet Med. and the physiology department on campus there, which was a biology based one in addition to one in medicine. So you really had lots in the college. It was like the United Nations, people were in and out of there all the time from all over the place. When you come down here, that's a much different thing. You got to know the department, the people in pharmacology and biochemistry and anatomy much better than I knew them at Ohio State where we had such a huge category of physiology that you just didn't know anybody else. I mean Dr. Smith was correct in the involvement you had. I mean I don't know how long I would have been at Ohio State before I might have actually had any kind of meaningful conversation with the dean, much less having him actually ask me what I thought about something. Probably there if he'd been asking me what I thought about something before I'd been there ten years it was probably because I'd screwed something up and he wanted to know what happened. It was a different thing, but it really was a lot.

G: I want to go back because you said a lot of significant statements. Why was the USF administration not particularly favorable of the College of Medicine in those early days? You mentioned that you weren't the most popular operation on campus, so to speak.

N: It was almost [an] approach avoidance thing. Dr. Smith used to say that a university's

president's two biggest nightmares are his medical school and his football team because they cause him more trouble and more angst than the rest of the operation going. Some of that is [that] they hated hearing we're different, but we were different then and we're still different. Whether they like that idea or not, there's not an experienced president in the country that's worked with a medical school that won't tell you they're different. For one thing, in later years that I moved on in the administrative side, our clinical faculty, which are probably 300 to 400 of our faculty, their state support probably average less than eighteen percent. [For] some of them it's far less than eighteen percent, [and] for some of them far more. But when essentially the revenue stream that supports your faculty comes from your faculty and not from tuition and not from the state, you have a much different management problem. [There are] a number of things complicate it, but another one is that these same faculty that you are attempting to manage can literally walk out of here in the afternoon and probably a day later be set up with a colleague across the street and now be your competition, and carry all their skills and a good part of their referral base with them. You just don't have that in most other colleges. You may have that in other colleges with a person here or there, but you don't have an entire department that can walk if they want to, or an entire multiple department. So, that's one problem. The other problem was embedded in the history of the attempt to get a medical school started. The initial plan was they were going to use community positions for the clinical education and they were going to essentially use the existing, or most of the existing, faculties on campus that were in other departments to teach the basic sciences. So, chemistry was going to teach biochemistry and biology was going to teach physiology and anatomy and some of those things. Micro was going to be taught by the

microbiology. Well, there's some real problems with that. It took them submitted the initial accreditation documents to find out that that was really not going to fly ever. I mean it just wasn't going to go. They were not going to get even initial accreditation to plan with that kind of a plan because it's really not manageable. That led to a lot of hard feelings, because salaries in medical schools are substantially higher than salaries in other programs. It may be that the quality of the microbiologist in one area of campus is the same as the quality in the medical school, but even the basic science faculty in a medical school are assisted by the fact that the clinical salaries are so high and that the revenues that is generated on the clinical side helps support the college and makes additional raise resources available. There were a lot of hard feelings over that, the expectations never met reality. There were a lot of people who thought they were going to be doing things that they really weren't and never came to pass. They were bringing in all these young faculty [members] with salaries substantially higher than many of the senior faculty on campus had. I think the people who had more insight into that and had seen it done other places basically said maybe instead of fighting this we ought to go with it, because in the end this can be very helpful to us too. If the financial standards are raised on part of the campus it might pull up some of the other parts of it. Anyway, that sort of dealt with the on campus faculty, but the town and gown thing is never easy with medical schools. It's better or worse, but it's never a perfect world. Well, it was far less than a perfect world here, because, again, you had different expectations. Dr. Smith came in and he said no one is going to be on this faculty in the clinical department that is not board certified in their specialty. Well back in those days, in 1972, every specialist was not board certified by a long shot. In fact there were a whole lot of the specialists in this community that

were not board certified. His point was [that] our faculty are going to be preparing medical students, but they're going to be teaching residents and teaching fellows to get that very certification. What sense does it make to have faculty who do not have those tickets themselves preparing residents and fellows for that? There were existing residency programs in this community at the time, so that was not an argument that made them comfortable either. The other thing was [that] you're bringing in this mass of new clinical practitioners into a community and it's competition. So, we didn't have an easy time of it. There were some extremely helpful people in this community, and some of them that went on to join us. Jim Ingram was one of the premier ObGyn people in town and had been for years. He became our first chair of ObGyn. In many of those other cases, they were bringing in people who had national and international reputations from other places to come in and start programs here. That was not an easy thing for some of them to swallow. From our side of it too, it wasn't always a bunch of humble people coming to town that were willing to take a very gracious apart to follow their colleagues either. We weren't without our own faults in trying to make this work, but that was essentially the parts of the problem that we had.

G: What were some of Dean Smith's and some of the early charter faculty of the College of Medicine, what were some of their visions for building a college of medicine?

N: Dr. Smith wanted to have a very solid operation where you did a few things exceptionally well and not necessarily tried to be everything to everybody, but to do well the things that you had focused on doing. He wanted us to meet fairly high standards everywhere, but to try to focus your energy. He actually set a tone and a standard that I think is, still to this day, one of the most exceptional parts of this medical school, that was [that] he was

exceedingly student oriented and absolutely intent that the faculty be student oriented also. You were not going to get very far with him if you decided that you were going to neglect your teaching responsibilities and you were going to excel in your research responsibilities. His argument was very simply: we're a small operation, you have time to do both. [He'd say] you're going to focus on your teaching, you're going to get that down, and we are going to graduate from here from the very first class very solid competent students. [He said] that is your responsibility first and foremost, to get the people who leave here to be excellent practitioners. So, from the very beginning we had this very student-oriented approach, as we were required and [was] in our own best interest. We did follow-up surveys and things with residency directors that took our students and so forth to find out how are they doing and how are they comparing. Our students, to this day, have a reputation for leaving here with lots of hands-on, practical experience. They know how to do things. They know how to deal with patients. It's not a theoretical basis, it's an actual base. That was what he wanted out of them, and our clinical faculty really put their own reputations on the line. Lou Barness, who was our founding chair in pediatrics and internationally known as a pediatrician in a textbook for the graduates, and it turned out that he had been at one of the premier programs in pediatrics in the country. In fact it was very helpful that he came here, because he gave credibility to the place the day that he walked in the door, and [he] gave credibility in terms of going out and recruiting other senior clinical people. Everybody knew Lou, it didn't matter whether you were a pediatrician or an intern. He had the kind of reputation that if he's going there, this must really be a legitimate operation. We put out, of that first class, people into some of the premier pediatric programs in the country because he

picked up the phone and said this guy is as good as what I had here, there, or whatever, and take a chance on him; believe me, he is prepared. He's one of those people who's hard to say no to because he really is just such a wonderful guy. So, we placed people in these terrific programs, and that went on all over the place. Chairs [were] picking up the phone, putting their own reputation on the line to say take these people. They were going to be sure that what they sent out of there they were going to be able to do that. We had twenty-four students in those first couple of classes, so you knew them and you knew them well, and you probably knew their parents and you knew their life history. With twenty-four, it wasn't hard to do. They knew their weaknesses and they knew their strengths, and they really worked hard with them to get them to be as good as they were going to be when they went through the door. I really believe, to this day, the very best students that we turned out came out in those first years. You had a student/faculty ratio you're never going to duplicate, you had a focus in that you had them [because] they were right there. That you could get that kind of attention to them, that's much harder to duplicate when they get out into the communities. Yet, to this day, I think that is our strongest point is our graduates.

G: In terms of early faculty in those first few years, I think you said there was something like five.

N: I'd have to add them up, but about five and then they added a couple a year. That was kind of the core that you had in the beginning, putting those courses together were just a couple of people.

G: Who were some of those early faculty members?

N: In physiology it was a [guy] named Dick Menninger who's now a mercer; a guy named

Jim Downey who came in when I did; a guy named Darryl Davis who's now retired; Carlton Baker who was the chair of the department; Joe Krzanowski is still around in pharmacology, Andor Szentivanyi in pharm[acology]; Jim Polson who's in the first part of pharm[acology]; Tom Kline who is now chair of Med Micro, he was around in that initial group; Julian Dwornik in anatomy, he may be the only one in anatomy that was out of that. It would be easier to go down the list and look at them and remember them.

G: Can you tell me a little bit about the charter class of the College of Medicine? Who were some of the students that came out of it? Why were they interested in coming to USF being that they were the first graduates of the program, so to speak?

N: I think that the same thing that attracted the faculty attracted some of those early students. There were a lot of them that were local that kind of grew up around here that knew the university a lot. Some of them were out of the university. It was a sales job too. Dr. Smith had that same effect. People, when they met him they knew that here was somebody who was in charge, and, by God, it was going to work. It was an adventure for them. We've had several of them on our faculty over the years. Loren Bartels was a full professor and was vice-chair in ENT and is now a very prominent position here in town. He went into private practice a few years ago. In fact some of those first class [graduates] have their children in the program now. We're very pleased about how well they did over the years and how well they've, particularly that chartered class has, stayed behind the university and how supportive they have been. They set up a charter class scholarship. They have really gone on. One of them is chair of the pediatric department in Gainesville. They really are a very accomplished lot. They went on to do very well.

G: Being that the University of Florida had a medical school and here was the University of

South Florida coming in, was there butting of heads, so to speak, during those early days between the two medical schools or was there some really working together?

N: They were so well established and such really a powerful entity in the state that butting heads with them probably would have given us a severe migraine out of it. At one level, I don't think they cared whether we had a medical school here or not. They weren't in fear of their academic standing, their reputation or anything else. They were pretty self-confident a lot, even to this day. There's a financial pie that's only so big, and if you've got more people taking a chunk out of it [you receive less]. I think they were concerned about what could happen to their own funding, if not immediately then, down the road. I think that there was enough students in the state to populate two or enough patients for a referral base. Their problem with us was at a legislative level of whether there was going to be enough money in the pot. So often the fear is that no matter what is said at a legislative level that in the end the pie isn't going to grow, it's still going to end up being the same size and you're going to get a bigger chunk out of it. We had some adventures with them over the years over the legislative funding. In fact that was one of the jobs that I had. A woman named Jan Judisch and I were the first lobbyist that the medical school had. They sent us up there, and the reason that they sent us up there initially was to get funding to go to leave the three-year program and go to a four-year program. That was how I got sent up there, because I was a student dean at the time and the thought was that I could address the downside of that curriculum because I had so much student contact. Of course to end up doing that I had to end up learning the budget. That's where John Melendi was a wonderful mentor and a tutor. If I was going to be up there talking to them about money, he was going to be sure I knew what I was going to say and that there

was going to be some credibility with what I said to them. That was what actually got me onto the budget side of the operation, was learning enough about it to be able to handle the budget.

G: How long was the medical school, a three-year program at first, initially in its concept?

N: Yes, the last class to go through on the three-year program was the one in 1982. They were the last one and then we switched over. We were part of a nationwide experiment. When the federal government realized in the mid 1960s that there was a need for more medical students and that meant more medical schools and they put money out to do that, they really were pushing the schools to try a three-year approach. It's almost a misnomer because it's actually three years continually that covers about the same length of time that the four-year program did. It's not shy by very much at all, it's just a continuous program. [If] you start right out of your undergraduate program you go walk out the door with the program and you're in the door over here, and then you just went straight through. Our graduates at the time actually did better than the national average on all of the board examines and everything. They got wonderful reviews with hands on. The problem was that it was a brutal, unforgiving program. That was the problem. If you have a death in your family, if you get the flu, if you break a leg, if you fail a course, I mean this was tragedy waiting to happen. There was an enormous amount of pressure there to get through the program. You knew if you screwed up at all or you had bad luck you were going to have a real problem trying to get things patched together to get you through. It just didn't leave time for remediation. I don't think it left time for the kind of personal growth that keeps people healthy over the long haul. It didn't leave time for families. I thought it set a bad precedent for the future. There were lots of things that I

didn't like about what it did to individuals. I had no problem with what it did academically. These are very, very bright people; they are truly exceptional students both in their intellectual ability, their background and their motivation. If you told them to memorize the first half of the phonebook, they were really bright, capable people who just would do what they needed to get through. But the personal toll that it took [was great]. In retrospect, some will say man the three-year program is great; I got out in three years. [They might say] I'm a year ahead; three years was enough, I can't imagine being in for four. But for the ones that have something go wrong and they need to go back and look at what happened, this is a much better approach. There were probably, I had to put a number to it but, I would guess at least a dozen programs nationally. All the new ones really were on that three-year program. We were the very last one to go off of it. Most of them lasted far shorter than we did. It was tough getting the funding to go off of that, because if it's been working why do anything else? We'd go try on these recruiting student trips, we got out, that's how we got students. We were out, we went to Miami, we went to Barry College, we went to the state schools, and it was usually two of us. Julian Dwornik and I were on the road a lot, talking to pre-med groups and just doing your sales pitch telling them who you were, how, what. A lot of times we'd have the pre-med advisors. They'd come in, we'd try to show them around [and] let them know we really did exist. We heard time and again, particularly from predominately minority schools, that we are not going to send anybody to you as long as you have that three-year program because it's a brutal program. They had a better appreciation of that than a lot of the advisors would give them. They flat-out told us you're wasting your time recruiting here, because we're simply not going to send you anybody until you get out of

that. A problem that we had in those early years was trying to be attractive to minority students particularly, to come into that kind of an approach.

G: You mentioned Dean Smith's ability to make sure that USF College of Medicine was a student-oriented, student-focus kind of program. What other unique aspect of the college of medicine here at the university stands out in your mind today?

N: I think that there's still a fair amount of camaraderie among the faculty. It may be more localized to departments in a lot of cases than it is to the whole because we have grown so much and we have gotten spread out, particularly in the clinical department it's very difficult because they're spread out all over the place. But I think it's still a friendly place to be, it's still a place that has a more collegial orientation than a lot of places. You just don't see a lot of the cut throat things go on here that you hear about going on in other places. There are a lot of us that have been here thirty years. There's still a lot of those people who have been here a long time. I think there's still a sense of institution that comes from having people like that around that still have invested their careers and a lot of their energy into it. There's an important aspect there.

G: The first medical class had twenty-four students. Over the years, how has the college of medicine grown in terms of numbers?

N: Let's see if I can get this right. I can cheat and actually look at my card. It was twenty-four, twenty-four, thirty-two, sixty-four, sixty-four in 1996. There was essentially a five-year phase in to the 1996. I believe this year we're actually going to have 106. We're increasing the enrollment again. That five-year phasing period led to what, for years then, was our maximum class size in 1996. Again, that was another Dr. Smith. There was one point along there when we were going to sixty-four, in 1996, that when we went

up to talk about the budget [and they said] it's tough times and we don't have the money, you just go ahead and take them and we'll give you the money afterwards, [Smith] said no. He wouldn't do it. That was an unusual approach to take, too. He explained it, he said our accreditation rides on the plan, and we're not going to be able to maintain that kind of accreditation if we almost double the students without having the resources to do it. [He said] that's not in their approval. Well, Dr. Smith was very well-known to people who wrote that plan and we very smart and had a lot of foresight into how the world worked. He made sure that that was very well spelled-out in those initial accreditation documents. He had been around the horns more than once and knew about that. This accreditation process, particularly in the early years, is tedious. It's always tedious, but in the early years you were up for more review. The Association of Medical Colleges had a workshop in Washington for the schools that were scheduled to come up for the next round of accreditation. Dr. Smith sent me to that workshop. It was actually held in a hotel suite because there's not that many that ever go through that in one year. So, we got in there and we're waiting for them to come in. The guy from the AAMC came in and said all right go around and tell me who you are and where you're from and when your accreditation date is. He went around and he got to me. I told him Greg Nicolosi, University of South Florida College of Medicine. He said why are you wasting your time and your institution's money being here? I said well, it's supposed to be for accreditation and we're up. I thought my God, did we get the date wrong or something? He said you've got somebody there that knows more about accrediting medical schools than anybody we have in the country. He said in fact we use Don Smith on all of our most difficult ones. He said he can tell you more over lunch than I'm going to tell you here,

what are you doing here? I said well Dr. Smith told me to come. He said I understand.

[laughing] He said that would be an excellent recommendation. Anybody who knew him would understand; he was a difficult man to say no to.

G: In terms of funding, it seems to me that funding over the initial conception of the medical school as been an issue. How are we getting better about funding the College of Medicine? Is the university more supportive of the College of Medicine or do we still have a lot of work to do in those two areas?

N: I'm going to have to tell you more than you may want to know about the funding of the College of Medicine. In the early days we were really well funded, I mean very well funded. Don Smith had exceptional credibility with those guys. One of those budget hearings that he went in even asked him if he was sure he didn't need more money to do it. I mean everything came in priced, and he managed it like a well-run business. There was no sloppy accounting, there was a accountability, and he maintained a very tight rein on things because he knew the business side of this place inside and out. He had guys like John Melendi that he got in there that took that same approach, so it was a very, very well run, tightly run operation. He made very good use of the money they had, had very good credibility in getting it, and we were very well supported in those early days. There is no question, I think we did very well in that we had very good friends in the legislature at the time. We wouldn't have been here without very good friends in the legislature, the place never would have been built. We got off to a very good start. It was later on when times became tough all over the place that things got much harder to do and we were much bigger. Dr. Smith had a very simple approach too; you were not going to have people in here on soft money. He knew the size of the faculty that he thought he took to

educate those students and do what needed to be done. He really kept the place lean and mean. But it's tough to grow research programs like that and it's tough to grow clinical programs like that. He understood that, that was kind of the founding approach. He knew as years went on that you were going to have to get away from that to really build and go and expand things. That gave him the core that he needed to make sure that things were fairly well run. Our funding has become a problem on the state side. So much of our funding comes from the practice side of it that it wasn't just the state budget process that has caused us problems, it's the whole reimbursement that, particularly as managed care became a reality, they really weren't about to factor in educational costs. They were going to pay for exactly what they get and preferably pay less than what they get. That has made it much more difficult to manage, but the practice plan has been extremely well-run over the past few years. There's a guy named Brian Smith who manages that side of it and has just done a remarkable job at getting the efficiency of that up to snuff. They do very well on the collection side, they do very well on the managing side to keep the cost down, so that has really been one of the saving factors there. I think we have suffered a different approach from the campus than what they got away with in the early years. That is essentially the base appropriations that were allocated to the medical school now get chunks that get taken and get brought over on to campus. That's something that never would have happened as long as you had a separate health science center budget that didn't get merged. I saw that tried at Gainesville, and the very next session the appropriations committee asked for representatives of the university to come up there and explain why they had taken away from money from the program that they had funded to use it for other things. That is really not something that would have been

prudent to do in the previous years, but now that the budgets have merged it's just a different world. Essentially, when they didn't hit enrollment numbers here to meet the budget things and when the St. Pete campus basically got funded out of the height of the university they simply moved money out of the medical center to help with that problem.

The nursing program was the only program that meticulously made sure that they got every dollar that ever went to that St. Pete program or could have been extrapolated to have been there, they actually went over there and we've still got tabs for the short fall.

G: In the 1970s, Dr. Smith encouraged you to enter into administration. How did you go from a faculty to an administrative position? You've had associate dean of student affairs, associate dean of administration, associate vice-president executive associate, vice-president acting dean, and vice-president. How do those two different areas differ? I imagine there's quite a difference between being a faculty member and being in the administration.

N: Yeah, most faculty members would tell you you'd have to be brain damaged to be an administrator. They would figure I was oxygen deprived somewhere along the line and got stupid. Now that I'm a faculty member again I say that kind of thing. Dr. Smith got me to go into administration at probably about the only entry point I would have done it, and that was in that student affairs job. I had been on the admissions committee, and I was actually vice-chair of the admissions committee for years. I had won three or four teaching awards, so I was very student-oriented and very interested in student body and student health, the well being of the student body. He had asked me several times before if I had any interest in moving on to the administrative side of the thing. I had always told him no. For one thing, I was not going to be willing to give up the teaching part of

that and the student contact that that had to do anything else. When the student affairs job was about to become open that was the one that actually me. I did that and it was a wonderful, wonderful experience. I did that probably for maybe eight or nine years, I don't know, it kind of runs together. There wasn't another administrative that I would have taken but that one. That kind of got me in there, and the rest of it was kind of a strange progression. [I went] up there to try to do battle to get the three year curriculum changed, because that was something [that] as a student dean I was just adamant that we needed to be out of that situation for the good of those kids. That forced me really to learn the budgeting stuff. We had some success at that and I ended up back up there for budgeting even after we got the three-year curriculum converted. I did that until finally I had gone to the dean at the time. I said this is not why I got into this. You know I really do not want to be doing this. So anyway, they brought me back and [I'm] still into the business side of it but more into the other things. In those days we really had a very lenient administrative staff. You kind of did a lot of things, you weren't just focused on one part of it. When we had grown enough that they decided to put into place a health science approach or medical center approach, then I was asked to move over into the VP side the thing to help staff that office. So, I went over and moved over to that part of it. I don't know how long that was, from the mid 1980s on, I don't know, it could be earlier than that.

[end of tape A: side 1]

G: I wanted to ask you, Dr. Nicolosi, about the health science center approach. What is the health science approach?

N: In the history of the place, I think it became apparent to President John Brown when he

was president that this was a very difficult job for one person to do. The dean of a college of medicine has every responsibility that every other dean on campus has in terms of faculty relations, faculty problems, academic standards, student educational issues, all the while trying to stimulate research and mentor people. All of the things that every other dean has to do our dean has to do also, but in addition to that they're the principle fiscal officer in a \$160 some odd million dollar business. They're running a corporation. They're running a practice plan that's a physician group of 400 and some physicians. At the same time, they're supposed to be getting this integrated approach between the various other disciplines that are medically oriented disciplines, maintaining relationships with our hospital partners in town. It's almost a full time job trying to do that. We were trying to do that essentially with one corporate CEO, and I think that kind of laid the groundwork for taking a different look at it. There are places where the dean and the VP are one individual, and we have that now, but if you look at the structure that exists, essentially what you have is an internal structure that manages the academic side. When we switched over to a health science center approach it was easier I think to do that, to kind of divide the entities, than it was to kind of try to merge the things. There was just so much that needed to be done to get that organized. Later on, when you get things more stabilized you can look at some other approaches. That was really why it initially evolved, that it simply was too much for one person to do. So, ultimately they convinced Dick Connor who had been, and was at the time, a very prominent vascular surgeon in town to come out here. First he came out as chairman of surgery. He was very business oriented. He knew how to run a practice. He knew how to collect bills and he knew how to do what you had to do in a private practice. He brought to the problems that we had

here those set of skills, also knowing something about the medical business side. Marty Silbiger had come out. He had a radiology group in town. He had come out and taken over radiology. So, it really fell to the two of them and to Roy Behnke, who was the chair of medicine at the time, to try to get a handle on tuning up the business side of the operation and getting some kind of standard practices in place that well run medical groups have. Those guys knew how to do those things. Dick then ended up being the vice-president of medical affairs at the time. That was the next step in that transition. Where we are in history now, there's less of a clear division. I think that it's much more critical that physicians know how to work in a more teamwork approach. You look at the Moffett, they don't just have specialists, they have care teams. There's a breast cancer team. There's a prostate team. That's a kind of common approach where you will have in there physicians, social workers, public health kinds of people all working in a more teamwork approach. I think that a health science center, that kind of management approach, lends itself better to kind of trying to get that kind of integrated function. To be able to do that you have to move some money around. If you've got three separate colleges sitting there independently, it's tough enough anyway, it's going to be real hard to do then. You've got to try to motivate people to spend some time on these joint kinds of things, to be able to form the committees and the forms to do that. Again, that's the kind of thing that a health science center lends itself to doing than independent colleges sitting there.

G: Before I get to some concluding questions I have, I just want to switch gears for a second and talk about you being part of the charter class of USF's Executive MBA program.

How did that come into fruition?

N: I was a cardiovascular physiologist, and I got a crash course in counseling from a wonderful, wonderful psychologist that we had on our staff when I went into student affairs and I had people that kind of mentored me to give me a skill set there. As I moved onto the business side I had people like John Melendi who mentored me there and taught me state budgeting. It was clear I was already there, I was deeply embedded in the business side of this operation and in the management side, the administrative side of it. I had all of my educational tickets on the other side of the operation. I really felt a real need to get a grasp of accounting principles and some of the management stuff. So, I was going to take courses over there. I think Cox at the time, who was the dean there, was just a terrific guy. I mean they were really willing to help me work it out any way that I could. It was very difficult because those courses were sequential and I was looking at a long time out there trying to take those courses. They were sequential for a reason. That curriculum was built like our curriculum. They assume you know certain things before you get to certain other things. It was really difficult. I had decided that maybe that wasn't working, and then I went over there to talk to him and to Mac [Intosh] about trying to take another course. He said guess what, we've got this great program coming up, this Executive MBA program and you'd be terrific for the charter faculty admit. Well, they were not without an agenda for their own either in that. They explained the program and I thought man, this is ideal. First of all, I was really intrigued by the sport of being in a charter class, having been part of one in a different side of the bench. This was really an enthusiastic thing for me, to be able to be in that. I knew what kind of adventure that they were going to have with it. The other thing was [that] you kind of had to be middle management and you had to have a commitment out of your institution

both for the one day every other week that you were going to be there, because it alternated between Fridays and Saturdays but for a couple of days at the beginning of each semester, but also have some access to your own institutional or corporate data to be able to do some things. They actually wanted you to begin to be useful to your corporation, or in our case entity, before you graduated. They wanted you to be able to use your own corporation for things like a marketing study and things like that. That was intriguing also. From the MBA side it was useful for them to have people like Barbara Sherman who was in that charter class and me in there because we had been through those programs before. Since they didn't have the advantage that I had when I was a graduate student, and that was when I walked in that department there was a cadre of senior graduate students in there who could tell you how the world worked. This is the difference between an undergraduate and a graduate student, you really need to read. They could tell you what kind of inculcates you to the culture of being a graduate student. I think that Barbara and I were useful from that standpoint too because we'd been through graduate programs before and were able to do that. We were very comfortable with the people in the College of Business, so we were able to have some useful exchanges and candor with them that I think was helpful to all of us. They had a learning curve too. For instance, one of the things they did was they were absolutely intent that the program was going to be a success and that it was really going to be a showplace program. They pulled in people who were outstanding teachers in their other programs. Well, in some cases that worked wonderfully. In other places that was absolutely a disaster. The ones who were successful at it, most of them were, most of them write about it; the ones that were successful stood up in front of that class and understood [that]

in that sixteen or eighteen people they had out there they had three or four bank vice-presidents [and] they had a couple of factory managers who knew manufacturing stuff. They had people in that class who knew at a practical level quite a bit about some of those topics and nothing about others. Well, the ones who were good at it used that, and they'd get play and they'd get them involved and get the class involved in it. It worked wonderfully because you've got really good information and it was a real learning experience because they were giving case studies as you sat there about what happened and how. The ones who didn't excel in that were the ones who went in there as the authority on this and stood up there and kind of tried to preach to a group of people that, in a lot of cases, knew when they were wrong and weren't bashful about bringing it up. [They would say] this is not the way the world really works; I work for the Federal Reserve, I know. As the time went on, they got a group of faculty in there who knew how to do it and enjoyed it and really got give and take with them because it was a small group. It wasn't a huge class for them, so there was plenty of time and plenty of opportunity for that give and take. The other things is if you're having a class sitting in there all day long, you're very well advised to get some of that involvement and get away from the strict lecturing approach and get some people to help stay awake in there. It was a wonderful experience. I thought it was a fantastic education. I really enjoyed it.

[omitted question]

G: Where do you see the College of Medicine in ten years?

N: I think that it will continue to show the kind of progress that it has had on the research side. I think that we will continue to grow there. I think that we will change the focus as it's going on now. Lots of the people that are there are like me. They were systems-

oriented people. The world now is of cellular, micro genomes and the things that go there. I think that you will see more going in that direction and more of the kinds of things, that kind of research going on. I think you're going to see more collaborative work because that's the way the world's going and that's what you're going to need to do to be competitive. I hope we're able to maintain the student oriented approach that we've had. That becomes more and more difficult. As the classes become larger and you're forced to spread them out more it's harder to manage that kind of thing. As the resources get scarcer there's always that temptation to cut that support side of things. I'm hoping that we will keep that orientation. I think, too, the thing that I hope we do a better job of is our alumni relations. We have not put the resources into it. It's really a shame. Our accreditation body will tell you that our senior graduation questionnaire [reflects that] our kids leave here with probably as good an attitude as any school in the country towards their alma mater, and then they never hear from us again. It's just a shame that we've not really followed up with them, not to ask them for money but to say what do you need, what can we do to help you. If you do that they'll give you money. I mean you don't have to ask for money if they still feel a part of the operation. Really, our student contact pretty much stops the day they went out the door. I probably have more alumni contact than our whole alumni office did with people that call, drop in, send me notes, come by when they're in town with no formal program. It's really a shame that that's been better done, but I really hope that down the line with the initiatives that we have now that that will work.

[omitted final question]

G: We'll stop right here. Dr. Nicolosi, thank you very much.

N: It's a pleasure.

End of Interview