Frank C. Snope, M.D. Founding Chairman and Professor Emeritus

It was the "best of times" for Family Medicine in the 1960's and 1970's. The Millis and Willard reports had stressed the country's need for a "new" general physician to replace the rapidly disappearing general practitioner. The American Academy of General Practice (AAGP) was changing its name to the American Academy of Family Physicians (AAFP) and working with the various certifying bodies to develop certification in Family Practice. Experimental, two-year, residency programs had been developed in a few areas of the country. Students, rebellious in the 1960's, were demanding "relevance" in medical education to prepare them for practice in underserved areas. The Federal Government responded to the growing turmoil by creating funding for grants to support Family Medicine education.

In New Jersey, as in other states, legislatures had been persuaded to pass resolutions and, in some cases, legislation, demanding that state-supported medical schools support Family Medicine education. The goal, of course, being the production of Family Doctors to serve the people of the state. New Jersey's resolution, developed with the urging of the NJAFP, insisted that the state medical schools develop Departments of Family Medicine. Unfortunately, the resolution carried no funding. However, at the Hunterdon Medical Center in Flemington, one of the experimental two-year residency programs expanded to a three-year program, thereby joining a number of programs across the country (Rochester, Syracuse, Illinois, Seattle, to name a few). Three other Family Practice residency programs were developed in New Jersey in the late 60's and 70's; Overlook, Somerset, JFK Edison. All responded to the plan developed by the residency education certifying bodies for a three-year training program, emphasizing continuity of experience in a Family Practice setting, and leading to a certification by the newly formed American Board of Family Practice (ABFP).

Rutgers Medical School had begun in the early 1960's as a two-year basic science program under the leadership of DeWitt Stetten, M.D. Its graduates, a small select group, entered prestigious medical schools to complete their 3rd and 4th years of medical education. Many of them did not return to N.J. after completion of their training. The initial plans had called for the eventual construction of a University Hospital on the medical school campus in Piscataway and then expansion to a four-year program.

In the late 1960's, then Governor Cahill and the N.J. state legislature, reviewed the status of medical education in New Jersey. They were dissatisfied with the "elitist" education at Rutgers Medical School. They placed control of the medical school under a newly formed entity, the University of Medicine and Dentistry of New Jersey", which included the N.J. Medical School and N.J. Dental School in Newark. The combined facilities were placed under the leadership of Stanley Bergen, M.D.

Rutgers Medical School, now UMDNJ-RMS was ordered to expand to four years immediately and to fill the third and fourth years with New Jersey students studying medicine abroad. To provide for clinical training a small community hospital in Bound Brook was annexed by the medical school and affiliations were made with Muhlenberg Hospital in Plainfield, Princeton Medical Center in Princeton and Hunterdon Medical Center in Flemington to provide additional clinical training. At the medical school, chairmen were recruited in Medicine, Surgery and Pediatrics. James Mackenzie, M.D., an academic surgeon, was appointed Dean after the
resignation of DeWitt Stetten. Dr. Mackenzie, responding to the state and federal mandates, initiated a Department of Family Medicine.

It was at this juncture that my professional path and the needs of RMS began merging. At the time that I received my M.D. in 1958 from NYU School of Medicine, I was one of a handful of the 135-member graduating class interested in being a G.P. To that end I did a one-year rotating internship at Mountainside Hospital in Montclair, N.J. and a one-year G.P. Residency at Hunterdon Medical Center. G.P. residencies in that era were, in fact, another year of rotation through specialty areas with a smattering of exposure in the offices of local G.Ps.

After completion of my training, I entered private general practice in Hunterdon County, initially in Milford, N.J. and subsequently in Lebanon, N.J. An important part of my decision to remain in Hunterdon County was the uniqueness of Hunterdon Medical Center. It was one of a few community hospitals in the U.S. that employed a full-time medical staff, seeing patients on referral from a group of community-based G.Ps. with full hospital privileges. In my opinion that made for an ideal situation for me as a professional and also for my patients. Added to that was the fact that I had spent many summers as a boy on a relative’s farm in the Milford area.

In 1969, after nearly ten years of private practice, I was recruited by the Department of Family and Community Medicine at the newly established Penn State Medical School in Hershey, PA. to a full-time faculty position. This offer came at a critical time in my professional life, in as much as I had been caught up in some of the fervor of the ’60s and felt I needed to pursue a more “significant” career path. In addition, I had met and liked a number of the Hershey Family Practice faculty who were “observing” the Hunterdon Medical Center “systems”.

Penn State’s Medical School was, ostensibly established, with a strong emphasis on Family Medicine. The chairman of the fledgling Department of Family Medicine was Thomas Leaman M.D., who had been a private practitioner in Hershey. The Dept. had space in the medical school and students were assigned families to follow throughout their four years at Hershey. I was assigned the task of developing and initiating a Family Practice Residency program. Although I left after two years my experience in “Academics” (recruiting specialty faculty to teach F.P. residents, writing a grant in support of the residency and relating to medical students) would prove invaluable.

In 1971 Hunterdon Medical Center was “under the gun” from the Residency Review Committee to replace the current director of the Residency Program (a hematologist) with a board-certified family doctor. I was offered the position and, in Sept.1971, I returned to HMC as Director of Medical Education (the first family doctor to hold that position at HMC). As such I had frequent contact with 3rd year students from UMDNJ-Rutgers Medical School who were serving their clinical clerkships at HMC.

In 1972 Dean MacKenzie asked me to head the newly created Dept. of Family Medicine at UMDNJ-RMS, first as acting chairman and subsequently as chairman and Associate Professor with tenure. Needless to say, my appointment with minimal academic credentials, was not greeted with enthusiasm by the more traditional chairs at RMS. The dean and other faculty would have preferred that I develop the new department at Hunterdon MC. Based on what I had learned from others around the country I insisted that the Dept. be located within the medical school. I eventually was given an office off the corridor that led to the student lounge which proved to be an ideal location for frequent student contact.
My initial idea in developing the Dept. at RMS was to model it on the program at MCV in Virginia. In this model the Department of Family Medicine was based in the medical school proper and had undergraduate teaching responsibilities. Residency training took place in community hospitals around the state of VA, with strong ties to the Family Medicine Department in the medical school. Medical school faculty spent some of their time teaching in the affiliated community hospitals. Family Practice residents in the community hospitals might receive portions of their training at MCV itself.

At UMDNJ- RMS I was given a month of required time for Family Medicine in the fourth year (otherwise all selective). Since the first four-year class would not graduate until 1974, I had a year to develop a one-month Family Medicine rotation starting in 1973. I was convinced that the most authentic experience for the students would be with practicing family physicians. Since it was a regular rotation I convinced the Dean that it should be funded.

With the help of the NJAFP I was able to identify a number of family doctors in Central NJ who had good reputations and were ABFP certified. I also enlisted the support of the FP Residency Directors at Hunterdon, Somerset and JFK to provide a Family Medicine rotation in their Family Practice Centers. I developed a set of goals and objectives and met with the "faculty" at Rutgers Faculty Center to outline the program and their responsibilities. A proposal to HEW for support of the program was approved and helped provide the funding for the preceptors.

One of the problems facing Family Medicine chairs around the country was a paucity of available faculty members. Most of the new chairpersons had come out of practice situations with minimal academic experience. They were a group of highly motivated individuals who were anxious to see that Family Medicine succeeded in Academia. To find similarly motivated individuals in the practice world was almost impossible. In the beginning there was a hodge-podge of recent graduates from the few FP residency programs in existence, some general internists and pediatricians and individuals from other disciplines e.g., psychology, social work, etc. A necessity at first, this diversity has been one of Family Medicine’s strengths over the years.

At Rutgers the first faculty member was Georgia Robins, MBA (working on a PHD in Psychology). She appeared at my office one day looking for a position. She was energetic, engaging and eager to work. I was desperate for any kind of help, so I took her on. She spelled me at some national meetings, assisted in grant writing and began writing about our experience for various journals. Only later would I discover that she was engaged to one of the Sadler twins, employees of the RWJ Foundation. Being strong supporters of RMS, they wanted to keep an eye on the “new kid in town”.

Gradually during the early 70’s the Department added more faculty to support the Department’s goal of providing realistic and high-quality experiences in Family Practice for our students. S.W. Warburton, a family physician from Hunterdon County, joined the Department in 1973 as assistant director and assumed responsibility for the preceptor programs (elective in year 1 and 2, and required in year 4). Mrs. Sadler assumed responsibility for quality assurance and Bruce Currie, PHD for faculty development. Visits were made to each potential preceptor site to assess its suitability for providing a meaningful student experience.

Early on, a number of preceptors stood out as providing high quality experiences for our students. Three of them in the local area- Leon Silverman, MD, Harold Kalman, MD and Harold
Fein, MD. worked closely with the Department in the development of the preceptor program and in making sure it remained grounded in the reality of community Family Practice.

Besides the community-based preceptorship, the Department felt it had a responsibility to its affiliated hospitals (HMC, SMC, JFK) to assist them in developing high quality training experiences for their residents. To that end, meetings were held with the program directors to assess in what way the Department could be of most help to them. The decision was made, jointly, that personal skills (Dr-pt relationship) assessment would meet a need for the program directors and utilize to best advantage the expertise of the Department.

After much discussion the concept was developed in which residents would be evaluated on their interpersonal skills through the use of “mock” patients with various illness scenarios. The resident-“patient” interaction would be directly observed via video camera and his/her interpersonal skills evaluated by a trained observer using a check-list developed by the faculty and program directors.

To support this “Quality Assurance” program a grant was written to the RWJ Foundation and eventually funded for three years. Funds were used to recruit a director and social worker. Their responsibilities included further elucidation of the criteria and direct observation of the resident-“patient” interactions. They provided immediate feed-back to the resident on his/her performance. The grant also paid for the purchase of the necessary audio-visual equipment. Marian Stuart PhD (psychology) assumed the leadership of the grant program in its final years and reported some of its findings at a STFM meeting. She remained in the Department after the grant was completed and played a key role in developing the Department’s Psycho-Social teaching program.

In the late 1970’s Dr. Warburton left to join the Dept. of Family Medicine at Duke University Medical School. He had been my “right hand man” and was sorely missed. However, the Dept. was able to recruit and hire David Swee, M.D., a recent graduate of the Somerset F.P. program to assume leadership of the preceptor programs. Also, in the late 1970’s Jos. A. Lieberman, M.D. a family physician from Allentown, PA., joined the Department to serve as liaison to the affiliated residency programs.

In the early years of the Department, with only two M.D. members (myself and Warburton) clinical experience and clinical dollars were obtained in actual family practice settings. I joined the Flemington Medical Group on a part-time basis and Dr. Warburton did the same at the Riverfield Medical Group in Clinton, N.J. Later, as more M.D.s joined the Dept. various clinical venues were utilized. These included F.P. Residency Programs, Insurance Company Med. Dept. and a primary care clinic in Middlesex General Hospital. While these arrangements proved satisfactory for generating clinical income, they were totally unsatisfactory for the purpose of developing cohesion and common clinical goals among the M.D. faculty.

Partially in response to the clinical situation and partially to satisfy the Dept.’s clinicians need to train family physicians “like us”, we began discussions to develop a Family Practice Residency program. At the same time the medical school was beginning the move from their hospital base in Bound Brook to Middlesex Hospital in New Brunswick. Dean David Gocke made it quite clear to me that a Family Practice Residency was not welcome at Middlesex. As a consequence, we explored the possibility of basing a Family Practice residency at St Peter's Medical Center
which, if my recollection is correct, had few residency programs in other specialties. Needless to say, we received a much more cordial welcome then we had received from Dean Gocke.

Financial arrangements were negotiated and a site for a Family Practice Center was located on Easton Avenue, a few blocks from St. Peters. Pam Formica, M.D. a family physician from Old Bridge, N.J. and with strong ties to St. Peters was recruited to head the Family Practice Center and moved her patient population to New Brunswick. The residency program was approved by the CGME, a grant was submitted and approved by HEW in partial support of the residency and Betty Hammond, a UMDNJ-RMS graduate began the program as its first resident in 1980. Eventually all the departmental physicians began to see patients in the FPC.

With Family Practice education in its infancy, those of us who had established Departments or Residency programs were called upon to provide assistance to others around the country who were new to the effort. In addition to my duties as chairman of Family Medicine at RWJ.RMS, I held a considerable number of positions at the state and national levels. I was a consultant of the RAP (Residency Assistance Program) of the AAFP. I served on the STFM Board as secretary-treasurer and AAMC representative. I was a consultant to HEW for review of FP grant requests. I consulted to a number of NJ hospitals who were considering establishing FP residency programs and I served as president of NJAFP in 1981-82.

I resigned the chairmanship in 1982 after having developed some health issues. However, it was my belief that no chairperson should serve more than ten years, in any case. Dr. Lieberman took over as acting chair and eventually as chair of Family Medicine and I stayed on as a faculty member until my retirement in 1997.

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