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Dr. J. Robert Suriano interview (1) conducted on May 7, 1984 about the Boonshoft School of Medicine at Wright State University

J. Robert Suriano

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: May 7, 1984

Interviewer: James St. Peter

Interviewee: Robert Suriano
Interview 1

JSP	My name is James St. Peter and this is the first in a series of interviews with Dr. J. Robert Suriano, first associate dean of admissions and student affairs of the Wright State University School of Medicine. The date is May 7, 1984 and the time is 5:30 PM and we are in Dr. Suriano's office at the medical school at Wright State.
JSP	Dr. Suriano can you describe for me your background prior to coming to Wright State University?
RS	I came to Wright State from the Medical College of Ohio at Toledo, where I was the associate professor of microbiology and was the dean for curricula and student affairs. Prior to that I had been an assistant professor of microbiology at St. Louis University, and prior to that an assistant professor in microbiology at the University of Vermont.
JSP	How long had you been in Toledo before you came here?
RS	I was at Toledo almost from the time that the first class arrived, 1969 to 1975, 74.
JSP	Why did you come here?
RS	At the time that Dr. Beljan offered me a position at Wright State, Toledo was undergoing some transition. The charter, the following Dean had resigned and was leaving, and a new dean had been appointed it looked like a good time whether to consider to stay in Toledo or move on. Wright State seemed to offer some challenges that were exciting and I decided to make the move.
JSP	How did you find out about the position here at Wright State?
RS	The founding of Wright State was common knowledge throughout the state. In fact it was somewhat threatening to the other schools in the state. When Wright State became a reality it was obvious that the number of positions, quite many positions, were going to open up. One of which was the associate dean for student affairs. Dr. Beljan advertised that position [and] I saw the advertisement. Then I asked somebody to respond for me and I was contacted by Dr. Beljan and he asked me to make a visit and I did so.

JSP	Somebody else responded for you?
RS	That's fairly common, someone nominated me for the position.
JSP	Oh I see. What were your first impressions when you came down to Wright State from Toledo? After being in a school that had obviously started to mature?
RS	I had seen the Wright State proposal for the creation of the medical school. That proposal was anything but impressive.
JSP	What do you mean?
RS	[Laughter] It looked like a disaster when you read it. The school was proposed purely on political grounds and with no basis to the realities of what it took to run a medical school. So when I came down here I guess I came here partly out of great curiosity to see in fact what this creation was all about.
JSP	When did you come down to Wright State?
RS	I can't remember the exact months but I remember I received a letter from Dr. Beljan asking if I would come down for a visit and see what he was doing down here and what kind of school would be formed down here and he was very informative very cordial, very exciting, very charismatic. Totally changed my image of what was going on at Wright State.
JSP	Why is that?
RS	It became apparent that Dr. Beljan's insight into the school was such that he saw the document for what it was, namely a political document to get the school going, then as an academic document which would express the realities of running a medical school; it was far from real and that in practice many deviations had to be made from it. So he pictured a very real sense that was very encouraging. By the way I had visited Wright State once before, I had visited at the time Dr. Kegerreis was nominated as president. That was an interesting experience too, because at that time Wright State School of Medicine had not been finalized in the state legislature and there was a great deal of excitement on campus about the prospects of a new school of medicine. And that prospect seemed to permeate the entire Kegerreis inauguration and gave it a flavor that went beyond just what was occurring at the moment. It also seemed to indicate a great deal of community support for the school, a level of support that was at times very sadly lacking in the Toledo area. And that meant a great deal in my further deliberations in terms of whether I should come here not.
JSP	Can you describe the search committee process? Did you have to go through an interview process?
RS	Those were the good old days. A search committee was a committee of one, namely the

	<p>dean. And there really wasn't anyone around except the dean and in my second visit I remember meeting Dr. Tony Zappala who is the chairman of anatomy who had come here with Dr. Beljan. So actually I was interviewed by Dr. Beljan then I was brought to meet and be interviewed by Eleanor Koch who at that time worked for Ed. Pollock who was vice president for student affairs. I also met with Dr. Kegerreis, as I remember. Whether they constituted in fact the search committee or were advising the dean at that time I'm not sure, at least they represented interest on campus that had to be met in the appointment of an associate dean. It was apparent that they had very real interests and were somewhat threatened by the creation of this school of medicine. At least Dr. Pollock was very threatened and expressed a great many concerns in how the role of the associate dean of the school of medicine would overlap with the vice president's role in campus. And what they really did on campus as opposed to what I would like to do or attempt to do.</p>
JSP	Why were they threatened by an associate dean for admissions?
RS	<p>Because the university had an office of admissions which was admitting students all the time to Wright State. Therefore what was the rationale for another office of admissions? Couldn't the office of admissions within the university do the same thing? The distinction between the office which was admitting on an open admissions policy versus a selective admissions policy was not very clear. And is not very clear in many universities that don't have a medical school. So little lack of obvious understanding of the expertise necessary in medical school. It was not an unexpected threatening situation, perhaps if I were in that role I'd be threatened too. We talked about financial aid and other student support services and to somebody who's responsible to that on the university level again the distinctions between those services at the university level and those services on a school of medicine level aren't very clear and there are a great many differences that in fact do exist.</p>
JSP	Tell me about the people that were on board when you came in.
RS	<p>There weren't very many people when was finally offered the job I remember Tony Zappala was chairman of anatomy and Spanier was here, I think I might've been the third or fourth one actually to receive an appointment. By the time I arrived, oh and the library was here. By the time I arrived the chairman of daily practice was here, Doug Longnecker, and I can't remember who else. Shortly after Sam Kolmen came and was appointed to the chairman of biochemistry. It was really just a handful of us.</p>
JSP	What were your first priorities when you got here? What were some of the things that you had to do right away?
RS	<p>It was very clear they had to establish an office of student affairs admissions that would be functional. Within that function we were going to be faced very quickly with the beginning of admissions program with a minimal level of expertise beyond myself in that process. So we had to not only establish the process by way of developing expertise in getting that going in a systematic way.</p>

JSP	Where was your first office? Where did you actually set up shop at?
RS	I was in a nice place, the Kettering Center. The second floor of the Kettering Center and very close to Dr. Beljan's office, is located by Dr. Spanier's office was located. And shortly afterwards new people came on board just about everybody was located there for a while.
JSP	What kind of staff did you have and how did you first start screening the applicants?
RS	First position that I thought was necessary to be filled was an assistant's position. We can have somebody who would assist with the money in every office and get all of the essentials that were needed in an office going and in order to do that we hired Paula Fisher who had been an administrative assistant with the new school of continuing education I believe which was located in the Kettering Center. In addition to that, at the time of my arriving, Dr. Beljan had initiated a search for a room or what the title was now I think it was assistant for admissions or something like that. And a committee had been formed within the university to assist in the search, the director of admissions was a member in several other people were members. The idea that position was to provide a liaison between the University and the school of medicine in the admissions process. This is a very difficult position to fill because it's a middle level position where the two qualifications were very difficult to define and a whole spectrum of people with different qualifications applied very often with very little admissions experience in medical schools. And what I really felt was necessary was medical school admissions experience. So in pushing for the completion of that search and resolution of appointing somebody, we insisted upon that as the necessary criteria. When I arrived the committee was very helpful really very supportive and we finally ended up appointing Ron Thompson who had held a similar role at the Medical College in Ohio.
JSP	And what was his title again?
RS	It was comparable to administrative assistant really but it was primarily for the office of admissions. I don't know the exact title we gave, but titles will vary for that type of position depending upon schools and we even varied the dean titles in some schools. But Dr. Beljan and I didn't feel at this point that we wanted to recommend an assistant dean's title for it so we gave it an associate director's title I think is what we called it, associate director for admissions.
JSP	And Paula was?
RS	Paula Fisher was really my administrative assistant. A very competent person who really helped a great deal in getting the office started. Ron Thompson when he arrived from Toledo helped us specifically with the development of the admissions process itself and what it would take to get that going and implementing it.
JSP	What kind of schedule were you operating under? When did you have to have

	something in place?
RS	My appointment started in January, in the month of February I was away part of the time teaching a course in another medical school which I had arranged to do prior to my arrival. We had to have a class, let's see, by the following September. No, is that right? Let's back up, that was '74, we began to receive applications that summer for a freshman class that began a year from September. So we're on a tight schedule from I would say February through the summer to really work up the process, get the office organized, and procedure worked out, and to get a committee trained in what it would take to make admissions decisions prior to the beginning of that summer. Which we obviously accomplished
JSP	What were your criteria in looking for people to serve on the admissions committee itself?
RS	One of the things that attracted me here was that Beljan and I had very similar philosophies in what made a good committee. We felt that a committee should be very diverse in background. Traditionally admissions committees in medical schools are composed of almost exclusively full-time faculty members. Though we decided to depart rather dramatically from that. For one thing they were very few full-time faculty members so was an impossibility if we wanted to form a committee that way but in addition to full-time faculty we had we decided to put on the committee part-time faculty or voluntary faculty members, community members that is individuals who had no affiliation with the institution and all but had a variety of experiences out there. Some practicing physicians who may or may not have had any experience with the school. But of course we wanted the committee to represent the very diverse racial, ethnic, socioeconomic balances as could be possible. So we had committee made up of men, women, minority, majorities, physicians, non-physicians, basic scientists, clinicians, lay individuals. The first committee actually had two housewives who had no university affiliation, we had a minister, we had several physicians who were not affiliated with the school. In fact individuals who held either a voluntary or no affiliation of the school helped greatly the number of full-time faculty members on the committee.
JSP	What was the reaction of other medical schools to that?
RS	The reaction of the site visit of our liaison committee on medical education was in fact very dramatic to that - we got into a bitter battle if I remember. The accreditation visit that transpired before we started over the composition of that committee. Several people on the team had visited us and examined the concept behind the committee and argued strenuously that it wouldn't work. That in order for the committee to really function appropriately it would have to be dedicated to the institution and the only way that dedication would come would be by full-time affiliation. Therefore a voluntary committee such as this would have other vested interests and would not look out for the role it should play. So in fact what they started was an a priori position that we were trying to put together a committee that was doomed to failure.

JSP	How did you- was there a necessity to convince them of the correctness of your procedure?
RS	[Laughter] it was an impossible thing to convince because the only way we could convince somebody was showing them it would work. Which means you would have to go through several years of operation in order to show it. So all you can do is argue that in fact this will work and it will work because you say it will work. You get into a terrible bind which is very hard to extricate. What we did do though, to try to dull negative reaction was to be sure that we had some rather extensive training programs for the committee. And we let the liaison committee know what those training programs were all about. We also, Dr. Beljan asked various consultants brought in during one of those training programs to provide us with their assessment in terms of the committee. So we received an external assessment from people who are knowledgeable about admissions concerning their feelings as to whether it would work or not.
JSP	What kind of training program did you set up? What kind of goals to the training program, what were the targets?
RS	There's several things that I think you want in an admissions committee. You want obviously fairness, decisiveness, you want the ability to evaluate the credentials of an individual in as unbiased a manner as possible. And you want the member of the committee to be able to articulate his or her views concerning an applicant. If a member does everything else right in a meeting, but is very passive, the applicant will obviously suffer because that assessment will not be shared with other members of the committee. So the ability to communicate is extremely important. So our training program so we did was to stress all of these components in the admissions process. How do you evaluate a application, what do you look for? We assumed that it did not take a doctoral degree to look at an academic record and assess the level of performance and achievement in that record. And I think the history of the last two years has shown it's true. We stressed the awareness of our own biases and other people's biases in any assessment, showing that we come to any assessment that we make with built-in biases that will influence conclusions that we reach. And we can't necessarily eradicate those biases, but what we can do is become aware of them and deal with them in an open manner. And we can become aware of them not only ourselves but in others and deal with them openly in that manner. Then of course we stressed how to communicate our evaluations to each other.
JSP	How did you find the individuals on the committee? How did you find the two housewives?
RS	We ran an admissions program for an admissions committee which was sort of a novel idea and I think it was Dr. Beljan I think because I approached him one day about how we can get some committee members does he have any ideas and we debated it for a little bit and he said why don't I write some Council of churches in town and see if they

	<p>might have any ideas about who might be willing to serve and that we could write other groups and so on. And so we did that and all of a sudden we found we had about 40 letters 40 or 50 letters expressing interest in being on the admissions committee cannot we wanted were to people or so it works nicely so we decided to resolve that we would select and we would invite all the interested parties to a workshop. This was done in the basement of the Kettering Center with these 45 or so interested individuals ranged all over the place lived all over the greater Dayton area arrived we broke them up into groups. Each group 5 applications to review spent a very few minutes explaining what they would look for then we let them loose. And Beljan myself and Paul Fischer wandered around listening to the discussions that were going on. After we had given them a amount of time to review those applications we asked each group to resolve their differences and make recommendations for acceptance and rejection. And again we listened to the arguments presented, the rationale how people articulated, the biases that came out - which was a fascinating experience because these were totally untrained individuals to the process. The number of biases became so obvious, that we eliminated some individuals on the basis of that we thought we might not be will control them and we've selected, Beljan, Paula Fisher and myself who amongst the 40 should be chosen.</p>
JSP	Did you the same thing with the minister?
RS	That's right.
JSP	The clinicians?
RS	<p>That's right. With the clinicians we actually asked for recommendations from the Montgomery county and Greene County Medical Society's. And they recommended some people to the committee for membership the other members of the committee on might add in probably one of the only school in one of the small number of schools in the country that would have anybody of this type on the committee. Our representatives from Central State University and Miami University- which was troublesome at the very beginning actually- was part of the agreement of cooperation between Wright State Miami and Central State. The Board of Trustees had agreed to these three institutions would have membership on the admissions committee of the school of medicine and so we are presented actually in the beginning with two faculty members from Miami who would serve on our admissions committee and we were likewise presented with several members from Central State. Wright State was no problem because of our matrix science department individuals also held school of medicine appointments, but the other individuals, particularly the ones from Central did not necessarily hold faculty appointments. I believe one of them did but the others didn't. But any rate the initial tendency when individuals from these other schools served on the committee was to serve as quote representatives of their institutions. That had a divisive aspect to it because if that continued the logical extension would be at the that the faculty from other institutions represented their institutions practicing physicians represented that community of practicing physicians out there, that housewives represented the community of housewives, the minister represented the community of ministers, ad infinitum and we didn't really have a cohesive committee and we would</p>

	<p>have the United Nations so to speak that would never agree on why. So one of our first tasks really was to dull that tendency.</p>
JSP	<p>How did you do that?</p>
RS	<p>We did that by repeatedly pointing out that they are a number of obligations that committee members have. The primary obligation was to meet the objectives of accepting a class suitable for the educational program admissions in the school of medicine. So we handed out at the committee the idea of meeting, and mission to the school of medicine and that overrode every other consideration of the many many committees I've been on in the years I've been on the faculty perhaps I've heard reference to the mission of the school as a focal point for discussion more on the part of the admissions committee here than on any other committee I've ever served on. Secondly drove home the idea, I hope effectively, that what individuals on the committee came from different backgrounds, and served in different ways, and their other jobs out there they served on the committee not represent other interests in the sense of being responsible to those other interests, but in bringing their experiences to the committee because of their other interests. And they had no reporting function back to their home institution or their home jobs or their home constituents, that the reporting functions and admissions were to the committee and to me as its chairman. And that to report back anywhere else was a very dangerous practice because you'd be serving many masters, not all of whom would understand the mission up the committee itself and the function you had to serve.</p>
JSP	<p>When individuals came to serve on the committee from Miami and Central State, did they serve with the understanding that there would be certain numbers of individuals coming from either of those two schools to the school of medicine?</p>
RS	<p>That was the fear that I certainly had and I think it probably had some basis in fact and certainly as one could speak of Central State I don't want to pick on just Miami. I think there was an expectation that by virtue of serving on the committee, were having quote representatives on the committee, this would facilitate the acceptance of individuals from those institutions. And of course so Miami has a very high acceptance rate, has certainly always had a high acceptance rate to medical school, so this would ensure an even higher acceptance rate would occur if you will. That was not our intent and that was not the intent I'm sure in the agreement that was made to have individuals from these other institutions serve on the committee. There was a tendency after meetings in very early times of the committee for members of these committees to report back to their institutions the president or provost of these institutions would not uncommonly call the member in and say what happened or something to that effect would ask that question. And then I would hear about that conversation and about some of our admissions actions via other routes. That was a form of influence in the committee that I felt was unwarranted and could not continue if the committee would function the fairway. And in fact it did not. It ended I would say no more than halfway through the year and never recur again.</p>

JSP	After the initial screening of the nonprofessional portion of the committee, did you have to do a training for those individuals?
RS	We trained everybody. The only individual who would ever served on an admissions committee before was myself so that meant so far as educating the committee was a total, that was necessary for everyone not just one group of the committee.
JSP	How did you educate them? For starters
RS	Basically to tell them what they had to know what they had to do and we ran these workshops we ran a few workshops that we organize ourselves I called some people I knew at the Association of American medical colleges I asked if they would help us organize a workshop in fact they did and we ran several of their cooperation. We brought in as part of his workshops people from Michigan State and the universities of Chicago University of Cincinnati number of different schools people who have been working on admissions for number of years it would become expert in a variety of areas relevant to medical school admissions and we work with them beforehand to develop a program and they would come in and develop a program and spent several days with the committee.
JSP	Did you have a profile of the type student you are looking for?
RS	That's like asking the question what's the ideal medical student or the ideal medical school [laughter] The ideal medical student doesn't exist because the ideal medical student differs amongst themselves what we were really after a diverse student body there is no ideal the ideal is made of many different types of individuals does one of the first concept that we wanted to get across to the committee is that what we were after was was not one single type of medical student one created in one of our images but the student body that would be representative of the society as a whole. If society as a whole is very diverse. It's diverse racially ethnically socioeconomically and even educationally and therefore screening that vast group of applicants should not look for one type of many types what was important though in all the types that should be selected would be that they obviously had the intellectual capability to succeed in medical school and succeed as a physician but also that they had the personal qualities that would lead to the type of physician that Wright State would be proud to graduate. In particular, since the school was dedicated to graduating individuals who are interested in primary care, these individuals should have may have some interest in primary care and should be able to relate to patients on an individual basis.
JSP	So how far did the idea of a family practice physician have here?
RS	Oh great deal, I've brought a great deal of family practice to primary care. We've never really used family practice exclusively as a goal because family practice is one of the specialties that we refer to as primary care.
JSP	Would you define primary care for me?

RS	Sounds like a test sometimes I'd like to give the admissions committee to. Primary care in very general terms represents the specialties of medicine in which the patient makes his first contact with a physician on a continuing basis such as family practice obviously, General internal medicine, and pediatrics.
JSP	Did the school of medicine have a quota system for minorities?
RS	We've never had a quota system for anything. Quota systems are counterproductive because they force the committee, or an institution to reach a certain number, and I think that is not only illegal, but immoral.
JSP	How did you get around pressures for that kind of system?
RS	There never really was pressure for a quota system. There's obviously pressures to increase the number of minorities or to increase the numbers from any particular group or to accept one student or another and one applicant or another applicant. Never pressures for a quota system we never allowed that to develop because we always argued that philosophically that was unsound and in fact the backing decision confirmed that we were very glad we never set up the system never allowed for quota system or a 2-track admission system.
JSP	What is a 2-track admission system?
RS	Well one in which a certain system would be used to admit minorities and another system would be used to admit majority students. We have one system to accept all students.
JSP	Did you ever bring in other medical students to show the committee that this was what a real medical student was like.
RS	Part of our early training sessions sometimes would include medical students. We did from other schools, we did that with the faculty as a matter of fact in some of the curriculum workshops. And if I'm not mistaken we brought down a medical student from somewhere else to help us. Unfortunately in that first year we had no medical students around to participate in the committee. Then after the matriculation of the charter class, in the second year of operation of the missions committee, we added a medical student John Lyman volunteered for service on the committee and he served very admirably on the committee, second admissions committee. That added another dimension because now we have another voice representing another perspective in admissions and since then we have maintained a student on the admissions committee throughout, as matter of fact we now have two students on the committee.
JSP	Who are medical students?

RS	Yes. After the initial move to have the sophomore on the committee obviously so we had a student here who had been in the medical school for a year and a little bit more experience of being a student and would be more accessible to it, rather than trying to appoint a freshman.
JSP	How many applicants did you have for your first year of operation?
RS	First year it was tremendous we had over 2500 applicants the first year. It's the greatest number we've ever had. And that was because of the very large number of nonresidents that applied to Wright State in that first year. I think the word was out to Wright State was a new school therefore it would be desperate for applicants and would take just about anybody who couldn't get in anywhere else. This is not an uncommon experience with new schools and I think most schools in their first years experience that type of over application as well. As the years progressed we discouraged those kinds of nonresident applications, we accepted for example 32 students accepted 32 students in the charter class I believe there were only like 2 nonresidents that we accepted out of over 1500, 1600 nonresidents who applied.
JSP	Why did you accept those two? Other qualifications or were you looking for nonresident-
RS	We've always felt that the acceptance of the nonresident who would add a dimension to the class would be a good thing. That we shouldn't become so parochial as an institution that we only accept residents of Ohio and nonresidents who heads the special altercations either educational or experiential nonresidents who might help us in some way to meet the mission of the institution. These individuals could add a dimension to the class that perhaps our residents could not. We felt that we had an obligation as a committee and is a school to keep the vast majority of our student body at the residency level but that a few, and we deliberately did not define what a few meant, was certainly permissible and should in fact be encouraged. We also felt that if we reached a year we found no nonresident we felt comfortable that we could also go a year without accepting a nonresident.
JSP	Were there any types of experiential qualifications that would make an individual standout in a process like that? Prior medical training or something like that?
RS	There is no one thing I think that you can say makes applicant stand out. The committee spends a great deal of time looking at the total record of the applicant and applicants to medical school now have a really amazing in the experiences that they often. We've seen applicants who served in the Peace Corps, we've seen most applicants have some kind of hospital or healthcare experience, but then I don't think I can really point to any one thing that will conglomerate of activities at various individuals might present on the applications that say here's somebody who that because of these activities has developed a level of maturity level of insight into what life is all about. And the dedication to the profession of medicine would make him or her a very fine candidate for admission.

JSP	Can you define for the steps that the average applicant would go through? Say someone who's just applied and goes all the way to the accepted?
RS	Sure
JSP	What all do they have to go through?
RS	It's fairly standard procedure. It really doesn't vary from Wright State to any other school. An applicant who is interested in medical school today completes an application provided by the American Medical College Application or MCATs, submits to them that complete application along with a transcript from his graduate and or undergraduate programs, indicates to MCATs those medical schools that he wishes the application be forwarded to. The application is forwarded to the indicated medical schools such as Wright State. As soon as we receive the application we notify the applicant to that fact. We send them a supplementary application that supplemental application includes a brief biographical sketch that's not on the MCATs. It also asks for letters of recommendation from the individuals and the student's educational program. Upon receipt of that information we then review the application in its entirety, make a decision on the basis of that review as to whether the applicant should be interviewed or not. If the applicant is not interviewed then the application is closed and that's it. If on the other hand the applicant is interviewed, he's invited for interview, he's interviewed by two members of the committee separately for approximately 40 minutes to an hour. Subsequent to that interview the committee reviews the application again along with the interview report rates the applicant that he is then placed on a ranked list our acceptances are often based according to the rating on that list.
JSP	How many people applied for the second year? First of all how many people did you take on the first year?
RS	We took 32 in that first year. In the second year we took 48.
JSP	The number was determined by the liaison committee?
RS	Yes. They determined the number that we were permitted to accept. We never have offers out there in excess of the number that we are permitted to enroll. So, we're reviewing applicants who might have 32 offers of acceptance out there but until somebody turns us down we don't don't offer the 33rd individual who applies
JSP	Have you run into problems with that?
RS	Those problems are run into by all schools and the situation becomes very confused and slowed down because applicants often hold more than one place and don't indicate which school they wish to attend until somebody withdrawals. You really don't can't move down your list until to the next applicant that you wish to accept, that's the only problem.

	[break in tape]
JSP	Dealing with the admissions committee have you ever had differences of opinion on the admissions do you have that type of things like that?
RS	In the system we use now that's not possible because we use a rating system in which people vote on a scale of 1 to 5. In the system we used when we first started we did vote on the yes no basis, but I made it a policy not to vote myself, reserve my vote for breaking ties. So we never really had a tie and when we did I just cast the deciding vote. They put the Chairs' ruling in a little better perspective to it also kept me because I did not vote repeatedly kept me out of the debates and to speak and able to cool any very sharp differences of opinion and also prevented any possibility that someone would think that I would push for an applicant because there was pressure for that applicants acceptance. So I played a mutual moderating role rather than an advocacy role for an applicant which I think has helped over the years.
JSP	Dealing with the barriers that you and Dr. Beljan put up towards favoritism were there any people were there any instances where someone tried to push a candidate through the missions process?
RS	No not at the process level itself there obviously situations where individuals would try to influence either myself or the Dean in terms of acceptance and that was obviously everywhere. But we felt the proper role for the Dean, the proper role for myself was to provide a buffer between that sort of thing and the committee. So it never reached the committee. The committee was always left really free from that type of influence.
JSP	The committee members, did they have a type of tenure on the committee, were they appointed for a certain amount of time?
RS	That was an original ideal that we thought the committee members would serve for a certain amount of time it would sort of have a nice rotation. By the way, maybe I ought to clarify that to because the initial committee had to be formed a certain way because we had to put it together before even the bylaws had come out with the bylaws provided for an election I believe that initially eight members of the committee and we did in that instance with the Dean would appoint the additional numbers because we obviously needed a committee that was larger than eight so we had 16 or 18 people I forget the fact number at that point in time. The election of the committee was a bylaw necessity which required that committee members be elected according to certain categories of affiliation as to whether they were full-time affiliated or partially affiliated whether they were basic science or clinical science. That was a very, that proved to be a very unworkable system with admissions because it did not assure any type of breakdown in the committee such as representation of women from the faculty, representations of minorities from the faculty etc., also is very hard to assure that we would have a sufficient number of individuals who would be interested and able to devote the amount of time that was necessary for missions we had a great deal of

	<p>problems in that aspect of the bylaws attempted to be implemented. And we did in fact have people elected who when I explained what they are obligations were never showed up at a meeting. So we got the bylaws changed to where now only four members of the committee are elected and everyone else is appointed. That enables us to reasonably implement the bylaws and also gives the dean the opportunity to select individuals who are truly representative of what we need on the committee.</p>
JSP	<p>How long do those individuals who were selected by the dean serve?</p>
RS	<p>Now the idea there would be that they would serve at least two possibly three years. In fact that hasn't always occurred we had several members of the committee who have served since the charter class was selected. On the other hand these individuals served because they were interested in admissions and played a very contributory role were very interested in the process and put a great deal of time and effort into it. We have had individuals who have served two years or three years and then felt that they had done their duty and have requested they not serve any longer. It's very hard to get a nice clean system in this I guess is what I'm concluding I think we have an individual who can contribute, doesn't stagnate with time and is willing to continue I've come to the conclusion he will continue on the committee because it's hard to replace him.</p>
JSP	<p>Do you ever get people who say that you're, by that system, playing favorites on the committee or anything like that?</p>
RS	<p>We have a committee of 24 people and you had to twist some arms to [laughter] get those people on the committee it's hard to be accused of playing favorites in the committee because my offers always been if you have anything to contribute and you don't like what's going on we'll be happy to have you on the committee, all you have to do the work.</p>
JSP	<p>With the new people who replaced the people who have been there for a while do you have an ongoing set of workshops that they automatically go through?</p>
RS	<p>Yes, more or less we have tried with the exception of this year and the year before to begin the year with a workshop we have less turnover now than we did in the beginning so we don't run workshops as often so we can go year to a think without running a workshop, but in my experiences we do need one at least once every two years.</p>
JSP	<p>Looking back on the admissions process, and having set that up at Wright State, is there anything you would do over again? Is there anything you'd do differently in setting up the admissions process?</p>
RS	<p>We might have evolved a little faster. The experience we've had over the last eight or nine years the process was actually laid out in a way that was rather cumbersome. It was deliberately made cumbersome so as to force committee members to deliberate over each step of their evaluation. It was highly structured so that they would have to pay attention to each criteria those determined appropriate for that selection decision.</p>

	<p>As time progressed, the somewhat cumbersomeness of the process was removed and the process was simplified, because things do not have to be laid out quite so stepwise as people developed experience to handle the decision-making. Now, it would be nice to move into a situation and start in the middle of that evolution or where we are now rather than at the beginning because beginning takes a great deal of time. I would say committee members at the very beginning put in it at least 10 hours per week if not 12 to 15 hours per week. I would say committee members now probably put in about five hours per week; that's a marked improvement in efficiency and style and I don't think the decision-making is any less effective or any less worthwhile.</p>
JSP	What is the drop rate then for the School of Medicine?
RS	You mean attrition in terms of students living here?
JSP	That's probably a better way to say it, attrition rate.
RS	<p>Attrition could be measured in a variety of ways. Students may repeat a year, students who need a course would somehow lose the pace with the students that they may matriculate with or who can be measured by students who actually leave. I would say the national attrition rate for medical students is between 5% and 10% and our attrition rate is about the same. We have not had an excessive attrition rate.</p>
JSP	<p>Okay well thank you very much for talking with me this afternoon and in our next interview at like to cover the various aspects of the student services point of view.</p> <p>[end of recording]</p>