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John R. Beljan M.D. interview (6) conducted on November 25, 1983 about the Boonshoft School of Medicine at Wright State University

John R. Beljan

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: November 25, 1983

Interviewer: James St. Peter

Interviewee: John R. Beljan, M.D.
Founding Dean, WSU School of Medicine
Interview 6

James St. Peter: The date is November 25th 1983. This is the sixth in a series of interviews with Dr. John Beljan, founding dean of the Wright State University School of Medicine. The time is eleven o' clock and I am with Dr. Beljan in his home. Dr. Beljan, how were the faculty in the School of Medicine integrated into the university academic faculty governing structure?

John Beljan: I guess the better part of the question would be how did we try to integrate them because the integration is still incomplete to date. And I suppose it is a reflection of some of our earlier interviews where the self-interest and conservatism of the typical university structure is such that it makes it difficult for large, highly visible, aggressive, successful programs to exist in the neat and tidy world of academia. I used the phrase some time ago about thinking big. I've reflected on this and I think that university faculties tend to think small. And therefore there is an obvious tension that exists. I'll never forget the very heated faculty debate going on at the time of some controversy with the school of nursing, where some of the faculty vented their spleen on the School of Medicine because of its visibility and obvious success. And a professor whom I'm sure you know is still there named Willis Stoesz in Religion used the phrase of this elephant rolling over and crushing the rest of the campus. I did not react at the time but it angered me and still angers me because it reflects the exceedingly micro viewpoint that exists on an academic campus generally speaking. I suppose I shouldn't be so critical because people like a neat and tidy conservative world but that isn't life. So when you get something on the campus that is suddenly not concerned about tenure and who are anxious to get something accomplished other than to debate the merits and are willing to move and spend considerable effort to do that, I could see where that's very threatening. We did, I'm sorry that's a digression, but maybe one that's useful, but the attempt to be integrative and part of the university was there from the beginning and I made the commitment to do that. And I must say that it was not an easy task, nor was my task made easy. I did mention to you some time ago that I thought part of the problem of the integration stemmed right from the top with the university administration. I think it's fair to say now at this point that the then promised Andy Spiegel was I think very instrumental after we got over our early interactions in assisting us to move the enterprise in a way that will never be appreciated by the university constituency. Andy did a number of things to be facilitative and helpful and I just think made a major contribution to the development of the school that would not have occurred with somebody else in that role. But we for example tried to identify shared faculty or principle faculty from those who already existed on campus. We did integrate the basic sciences in the department of science and engineering, that was something we didn't need to do

but we did. The development of a fifth program which became the medicine in society program, utilizing people in the liberal arts and other areas. We tried very hard to be visible in the university structure, although the bylaws did not permit us to be. In many instances it was difficult to get agreement in the bylaws for representation in certain areas. But I think an effort was made to integrate, that was not easy to do because I think of the major concerns that existed throughout the campus about the excessive, in their view, influences of this new enterprise on campus.

J.S.: How did the bylaws restrict School of Medicine faculty involvement in the university?

J.B.: Well as I remember, it took us a while before we became voting members of a number of the bodies and the way that the tallied, the representatives were identified, was not helpful. For example, because we had integrated the basic science faculty in the college of science and engineering, when it came to representation on the academic council each of those people became part of the numbers used to identify the constituents for S and E, and it left the School of Medicine with only those in the clinical area. Which is obviously very small. Just a lot of ploys like that, we saw it, didn't like it, didn't feel it was worthwhile because that would resolve in time, at least the major problems would and that simply wasn't worth a major confrontation over. I'm sure it gave people satisfaction, I'm sure they thought they put one over on us. But the real truth was we really didn't give a damn for some of those games that were being played. We had better things to do.

J.S.: At what point in time did it become important to you to start integrating a way through whatever means it took to get...

J.B.: I think that happened when the school became one in which we were actually matriculating students and literally had an academic role to play and we expected to be full partners in that academic role. Then the issue became important. But I think up to that point in time, until while we were still developing, while we were still trying to organize and so forth it wasn't worth the effort. My concern was that, particularly in the student side, that the time had come for students to be recognized and be a part of the student government and so forth. That meant a much harder look inside the university. Now I will say the was one of the areas again where I think Dr. Spiegel was I think very helpful.

J.S.: What were some of the other specific things that Dr. Spiegel did to facilitate the School of Medicine?

J.B.: Well I think he did some things that were very helpful to us such as a decision he made not to make us put all of our curriculum through the university curriculum committee. And I think that was done very properly although I'm sure it was controversial at the time, but there's no question in my mind that there would have been no useful purpose to have been served by feeding that through the university curriculum committee. They were incapable of judging the curriculum, they would have worried it to death like a terrier would in fall and all that would have happened would have been some satisfactions on there part and a tremendous loss of time. So I think that's a very good example where I think some very mature and difficult judgment was made by Dr. Spiegel.

J.S.: How would you describe your relationship early on and through your tenure as dean with the president of the university?

J.B.: Well I think we had a very close relationship and I think it's one in which I felt that I could call on his time, schedule it without having to give him a major briefing beforehand about why that needed to happen. He I think during those early phases was smart enough to let me run fairly unconstrained and I think that was useful in terms of the development of the institution. In that balance I felt the relationship was mutually supportive and productive in that sense. No question I think we made him look good because the quick success of that enterprise and then all the things that follow after that cause rapid maturation and development of the university, not only from the standpoint of academic programming, but resources as well. So there were major investments made in the university that go through the School of Medicine and these various activities and support networks and so forth that the university would never have had without it. So in many ways the success of that operation made the university successful, and that made the president successful.

J.S.: How would you characterize your relationship with the board of trustees?

J.B.: Very warm, very supportive, very helpful. My sense was that because we were successful and very visible in the community, that feedback came back from the community. Maybe that's one of the reasons the president was supportive, one never knows. But no question that the board was to a person extremely supportive and remains so to this day.

J.S.: What was your reaction when the School of Medicine, the actual building on campus was completed? What did you feel like then?

J.B.: Well, it felt anticlimactic in many ways. In many ways I was glad to see it, in other ways it was more fun before it came. I think that for my own psychological needs, I suppose the building enterprise is the most interesting part of the operation and as things start to chunk into place, a recognition that that's been successful and maybe that that era is over. So in some ways it was very satisfying, in other ways kind of sad. It's more fun to be in a broad, conceptual viewpoint and a building viewpoint and so forth than when things start to get laid into bricks and mortar and the positions crystallize, then some of the fun is gone.

J.S.: What about the graduation of the first class?

J.B.: That was a very fine experience. It's one I think that one never forgets, and is a highlight of one's life. They would not have been there had it not been for our efforts and that's kind of what it's all about. So that was a very exciting event. It's something that you wish you could share with every successive graduation class but you can't. The charter class is different, it represents so many things and your relationship with that charter class is different than it is with others. They were guinea pigs in many ways and had to be flexible. They in many ways were pioneers, they were pathfinders. So they are part of the success story of the school by their adaptability and all this so it is an experience that you think about, and when you see students from that first class begin to enter their professional careers that's very rewarding.

J.S.: What would you say was your most embarrassing moment as dean?

J.B.: That's easy. The most embarrassing moment occurred when I was in the middle of a typical hectic schedule going from one meeting to another, went over to meet at Good Samaritan hospital with a subcommittee and their board of trustees and their medical staff. Sat down and said it was good to be here at St. Elizabeth's. And they took that in good form, although I was critically embarrassed and that resulted in my award at their annual Christmas party as the goof of the year award, which was one of their outdoor signs with Good Samaritan labeled on it so I'd never forget the name again.

J.S.: What was your most painful moment with the School of Medicine?

J.B.: The most painful moment? Let's see... that's an interesting question. I suppose the most painful moments came when (there were several of them) they came after all this effort was put in by all of this early founding team where a very sound program had been put together, put in place, where say visitors from the accreditation team came in not believing what they were going to see and left with accolades and in having the accrediting body modify their recommendations, doing it almost arbitrarily and capriciously in my view. That's not true of course, it's just the way it appeared at the time. And that caused my insistence that somebody from the LCME be on future teams. But I think those were the most painful times and most disappointing times because there was just no question that we were in a position to have moved ahead and some of the actions clearly were not warranted.

J.S.: What was some of your advice to the new dean when Dr. Sawyer came in?

J.B.: I tried to avoid giving him advice because I think that there are things that clearly he had to discover for himself and oftentimes I think advice like that is not frequently heeded. I did however give him a couple of items that I thought were very important. One was that he needed to become active in organized medicine. At that point he had not been, he came from a relatively secluded environment in the sense of academia. He had not, I think, appreciated the useful action that can occur within the medical society and so forth. So that was a piece of advice that I think he heeded and I think reasonably so. The second one I suppose dealt with how one dealt with the various hospitals in town. And my advice in that situation was to continue at least the policy that I'd established with playing everything on top of the table, open and all parties equally. And I would hope he would continue to do that, I don't know whether he is or not of course. But clearly I think the strength in my position came that nobody could accuse me of favoritism. And nobody could accuse me of special dealing. And I had a reputation that they might not like what they hear, but at least they knew that that was the straight information. Those were probably the two major pieces of advice. I suppose the third related to situations at the university in which efforts needed to continue to be made to integrate the operation into the general campus fabric and that one should continue to make the effort to try to avoid separatism and the tendency is that that is the easiest way to go. Again I don't know how successful the succeeding team has been but I think that's an important challenge that needs to be met.

J.S.: Did you feel that was one of the pitfalls that might be awaiting a new team at Wright State?

J.B.: Oh yeah, I think so, without question. Particularly until you get to know the players and where they're coming from, even in that instance you never know.

J.S.: How involved were you in the selection of the new dean?

J.B.: I think very intimately involved. We had a search committee and that search committee I think was a very good one, one that I interacted with. I think about five people were identified for that position. The current dean was not our first choice but that does not mean he was not satisfactory for the job. The person that we tried to recruit was a fellow named Bill Riles who was clearly the first choice of the committee, was my first choice, and the president's first choice. And he wound up being the dean at the University of Kansas, but clearly he would have been a very different flavor for the institution than the current dean. The current dean I think brings in some very useful characteristics for a second phase of development which is I think the continued academic development of the institution in research development and maybe some of the more traditional viewpoints. And I think he fits into that very well. But as a matter of fact I think any of the group of people, the five finalists would have done a good job here. Each would have brought different kinds of things to the position.

J.S.: How would you characterize the first phase of development at the School of Medicine at Wright State?

J.B.: Well I would characterize it as a very dynamic, rapid moving, almost overwhelming kind of experience because there were just so many things that needed to be done in so short a time frame that it really required a whirlwind of activity by everybody involved. And that included everybody's spouse, everybody's department relationship. I guess I would care not to go through that kind of experience again, having done it several times. The commitment and the time and the effort is personally awarding and fulfilling, but it is terribly exhausting and in many ways terribly unappreciated in terms of the constituencies you serve. I don't think any of us are looking for self-aggrandize or things of that sort but literally you're putting in every evening and every weekend and it is one continuous activity from eight in the morning until midnight and there are continuing problems and you're juggling sixteen things at once and some insane request comes in from the regents or from the university for almost irrelevant stuff. That's where the real frustrations come in. But it is very rewarding in the sense of seeing something come into being, and having been one of the architects of it, but it's something I think you need only experience once.

J.S.: Were there ever times when you felt like saying, "Well, let's hang it up. To hell with it, I want to go back"?

J.B.: No, I don't think so. I think that there were times when one obviously gets discouraged and depressed but I don't think we said let's hang it up. To tell you that all was all sweetness and light would not be true. There's a price to pay, and I suppose if you wind up in that kind of mode where you are continually balancing conflicting forces, but you get used to it. I suppose even the cat of nine tails doesn't hurt after a while. So I think I never felt during that period of time that it ought to be cashed in or I ought to cash in or what have you. I think that even though it was

frustrating and rapid and consuming in terms of self and time, there were clear obvious statements of progress and you could see it begin to shape and form. It's almost like watching an embryo grow under a microscope and that's kind of fun.

J.S.: How do you see the School of Medicine today? What position is it in, in relationship to the university and the community?

J.B.: Well I think it's in a solid position with both, I think it's well established in both, I think that there is still major room for growth and development in it, I think there are a number of accommodations yet to be made on campus, I think there's still a major development at work to be done in the community and I suppose that will never end. If it does end then I suppose the situation is terminal. But it's the nature of the beast. It seems to me that it is well established; there are still a number of important initiatives that I think need to be undertaken.

J.S.: What are they?

J.B.: Oh I wouldn't presume to tell the new man what to do, but I could see a whole host of areas that need aggressive approaches. I think there's a whole field of community and industrial support for the scientific endeavors that needs to be exploited. I think that in many ways I see greater separatism and aloofness almost arrogance in the school, in the campus, that shouldn't happen. So that needs to be addressed and reversed. I think there are important academic initiatives, new degree programs that should be introduced. I think there are some areas of specialty training that need to be moved into.

J.S.: What are some of these new initiatives?

J.B.: Academic or otherwise?

J.S.: Both.

J.B.: Both? Well I think that the program here should have more visibility in terms of social initiatives. I think that during its formative days, almost everything the institution did impacted in some way with this community and its well being. I don't see that level of activity anymore or that level of interaction or that level of outcome. When you think about the neighborhood health clinics, for example, there should be comparable models of that elsewhere. Let me just say I think it's too comfortable at the moment.

J.S.: Do you feel that the situation in the School of Medicine should be one of constant dynamics...

J.B.: I think that should characterize our efforts in everything we do. I think if we get too comfortable we get too complacent and we don't do enough of what needs to be done. You know, again, and I suppose it's a matter of philosophy but it seems to be generally that people get rewarded for what they do and not what they are. And that's the way it ought to be. And I suppose that gives rise to some of the natural problems on a university campus where one tends

to try to sit in a fairly solidified, constant environment and they are not the risk takers and not the forward-lookers and so forth. Maybe that's useful for our society, but on the other hand it seems to me that that's one of the failings of higher education and medical education as well. We're not doing enough to be different and moving ahead and looking at social need and making the educational program part of that social initiative.

J.S.: Is there any point in the School of Medicine and university relationship when you say at this point we'll finally be integrated with the university.

J.B.: No, I don't think that will ever happen.

J.S.: Do you ever feel that the School of Medicine faculty member could ever become faculty vice president?

J.B.: Sure. I think that exists but it may well, my guess is that it would be someone from the basic science faculty where the identification will be that's more of my kind of guy in the general opinion of the campus. That would be very hard for a clinician to do on campus. And it is the residual discrimination I think and resentment in many ways. These are people whose professional careers are not necessarily totally tied to academia. They can always practice medicine, they're freely mobile, and so forth. And that fact is not lost in the university community. So unless there are major changes in the attitude, I don't see a clinician becoming the vice president of the faculty. But I think so many members of the basic science faculty could, and it would be because people see him as identifying with them and being part of their clan. But a professor of surgery? I doubt it.

J.S.: At one point in your tenure as dean did you ever see your relationship with some of the other colleges as developing on a more friendly level?

J.B.: Well I thought we had very good relationships with all the colleges. To say that there weren't self-interests in those colleges for that relationship would be untrue. But I think we had close working relationships with the College of Science and Engineering, and I think we did with the College of Liberal Arts. Did not have it as close as I would like with the College of Education because it was difficult to find the common grounds for that. Business was business, and they wanted money for everything they did and it was difficult to find quid pro quos. Graduate school was essentially nonexistent.

J.S.: How would you describe the traditional rivalries between health sciences programs like the College of Nursing and the School of Medicine?

J.B.: Well I think that the rivalries were largely seen by the College of Nursing and others and it is a natural kind of tendency. One of the dilemmas of nursing has been the problem that it really doesn't have the broad definition of what nursing education ought to comprise and so the nursing leadership wants to build it on a basis of an education base which is fine. But that's not generally accepted in the nursing profession. Nursing tries to I think exploit the university environment to move the cause of the profession rightly or wrongly. And I suppose that's true of other allied health professionals as well. The bottom line however from where I sit is that somebody

ultimately has to be responsible for the care of the patient. And that's got to be carried through in terms of the educational experience. I wouldn't want to be treated by a committee or by a group of prissy peers and until there are major clarifications of roles, there will always be that kind of competition in terms of the various health professionals. The bottom line is that the ultimate adjudicator of this is our society in terms of which types of medicine they'd like us to practice. And to date society has not chosen to permit man to take place. So you see that reflected back in the academic environment where theoretically we are all equivalent faculty members, practically the real world says we're not.

J.S.: Do you feel the development of the School of Medicine will ultimately assist in the forming of other professional schools at Wright State?

J.B.: No question about it. If it doesn't then the university has missed the opportunity to use that for leverage and I think clearly the successful development of the school of professional psychology is a very good example of this where a very close relationship was established with Ron Fox and he was smart enough to use many of the models that had been already developed for the School of Medicine and adapted them for his purposes. But I think that school would probably not exist in its current form and success if not for the School of Medicine being there and being supportive in what they were trying to do. Allied health has been a problem because of state funding largely and that's a high expense kind of program and it's difficult to move that in any aggressive kind of way. But the recent approval of the medical technology program says it can be done, but there are areas there that need to be expanded. I think there are others, I think the nursing program should be expanded to doctorate level programs, clinical nursing programs to specialist programs. There's a whole world to be conquered out there if the leadership is willing to look at it.

J.S.: What does the future hold for Dr. John Beljan?

J.B.: Damned if I know. I think that my current situation is one of interest, in which there are many analogies with a new school development. My expectation is that I will not be there forever, that either I'll find another opportunity that will challenge me either in higher education or health education, or if that's not possible something else. But I guess my attention span is such that a decade or so is enough and then I'm ready for another challenge.

J.S.: Well this has been a remarkable series of interviews, and I very much appreciate your candor and willingness to answer my questions.

J.B.: I've enjoyed it. I wish you luck and I know it will be a very good history that you'll develop and I think that obviously I recognize that my perspective is a very narrow one and that you'll have a broad set of viewpoints from others but I complement you for taking this on and I hope we've been a little bit of help to you.

J.S.: You've been a great help, thank you very much.