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John R. Beljan M.D. interview (2) conducted on October 21, 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: October 21, 1983

Interviewer: James St. Peter

Interviewee: John R. Beljan, M.D.
 Founding Dean, WSU School of Medicine
 Interview 2

James St. Peter: The date is October 21, 1983. This is the second in a series of interviews with Dr. John Beljan, founding dean of the Wright State University School of Medicine. When we left off yesterday, you were discussing why you didn't ally the WSU School of Medicine development efforts with those in Northeastern Ohio.

John Beljan: Right. I think the gist of the response I gave you is that I didn't really see the need to do that at this time, although that certainly was the strategy by which the two schools were finally gotten through the legislature. And secondly, they were behind us in development, and there was no advantage for us and a lot of advantage for them for the coupling, and we had many more better things to do than to develop the kind of tight linkages that would be required for it. A third major piece of that was that a major change had occurred in the Board of Regents with the arrival of Dick Rupert [sp?] as the Vice-Chancellor for Health Affairs, and Dick Rupert was exceedingly sensitive to the needs of the new schools and therefore the level of protectionism that you needed to develop mutually was almost then not needed because of his presence in the chancellor's office. My guess is that were he not there we would have had a very close alliance with Northeast Ohio. The fact that we didn't develop one was simply because of the leadership that Rupert represented in the chancellor's office which obviated that need.

JS: When you finally arrived here at Wright State and had re-written the original précis and got moving with developing the School of Medicine, how do you feel you were perceived by both Wright State, the faculty, and the community at large?

JB: Well, you never know how people look at you, but obviously I would suspect that I looked like the elephant to the nine blind men, and depending on what point of view they were coming from would gauge their perception. I would think that if we started with the university, that there were elements in the university that would look at me as an outsider coming in who had no right to be there and was going to shatter the easy existence that was on the campus. I would say that typified the liberal arts faculty, education perhaps, and maybe one or two others. I think there was a group who felt it would be in their best interest to have a school of medicine and were therefore reasonably supportive and helpful, and that would be some elements in the College of Science and Engineering, including Hutchings [Brian Hutchings, Professor of Biological Sciences/Department

Chair], excluding some like Shigeru Honda [Professor of Biological Sciences], and others who felt that this would be something- as the liberal arts people did- that disturbed the tranquility of the campus. I think I was probably seen by the university administration as a maverick who knew what needed to be done and how to do it, and they were probably at a loss to figure out how to control me. I think I was seen by the physicians in town as somebody with a reasonably good reputation in medicine who, although an unknown quantity, might be able to deliver what needed to be delivered but were going to wait and see. I think the members of the Board of Trustees at Wright State and others like that were probably very supportive and looked for some new leadership, which I think came about. Politicians in Dayton, I think one probably had no fixed opinion and were going to try and see what this new kid on the block looked like. So I guess from the standpoint of how I looked, it would depend on who the perceiver was and my expectation there is you get a gamut from one extreme to the other. I'd like to think, though, that most people recognized that I did come with some kind of record of accomplishment and therefore there was some expectation that I would be able to deliver, but many folks didn't know how or why or what.

JS: In our first session you described your decision to come to WSU as a roll of the dice-

JB: Mm hmm.

JS: -that there was a possibility that the School of Medicine might not be developed.

JB: Correct.

JS: Where were some of the dangers that you thought might arrest the School of Medicine's development of the program?

JB: Well, there were several. At the state level, obviously, was the question of state support, state financing, and even at the last minute there were still gyrations going on trying to kill these new schools. Secondly, there obviously was the question of whether or not an alliance could be put together with the community so that the- pardon me [coughs] - community health resources could be used effectively as a clinical education campus. The third piece was whether or not at the university level we could bring in the kind of talent that was needed to run this institution without having those currently on campus believing that the whole order of things was going to be re-constructed. My guess is- and a fourth piece is that there needed to be, in what is a major risk, a need for education in a community in which they did not know what a medical school really represented. For example, the politicians immediately saw that as a quick fix for indigent health care in the community, which obviously a school of medicine can't deliver. Hospitals saw that as a quick fix for all their ailing graduate programs, and by the way that was another problem; all of the house officer programs with a few exceptions were in major academic trouble. So when you look at all those, it meant that there needed to be a major educational development done with some better understanding of what the functions of a medical school are and then how one has to construct it to achieve that. But obviously everybody

saw it from a very different light, and my worry was here was a young fledgling coming into town, and would the buzzards pick it apart before it had a chance to fly.

JS: Going back to the interview process, you felt there were a lot of wasted efforts in the interview process-

JB: Oh, amen. You bet.

JS: Who were some of the people who you had the most fruitful, one-on-one contacts with?

JB: Well, as I mentioned yesterday, I thought that some of the best discussions I had were with Sam Sava, with Bud Crowl, Carl Jenkins, probably Ed Spanier... these are the people who immediately come to mind as folks who gave me a reasonably accurate perspective of what was happening and what some of their expectations were and what some of the pitfalls might be in the program, and most importantly, where and who were probably some of the alligators in the swamp.

JS: Did this perspective given you by these key individuals, I get the impression you thought that was probably the major emphasis on your selling the program, your knowledge of what was happening in the community.

JB: Yeah, I think so. I think they were very helpful in that, but of course were not alone. There were a number of other people I neglected to mention, folks like Frank Shively and Junius Cromartie and others who were- Dick DeWall- people in the medical leadership; Ernie Allen; Nick Thompson, the chairman of what became OB/GYN; these were all folks who were extremely helpful. And then as my sphere of activity grew and people began to interact with me- that's worth some discussion later this morning because that talks of the strategy of putting the place together- then we got a very broad group of people with whom, upon whom I relied heavily for advice and information. And like everything else, there were a few individuals who I shall not name who were clearly early visitors to my office with key self interests, and it took a while to sort some of that out, although there are two Beljan tenets that I will tell you: In a new environment I worry about anybody who comes in seemingly unrelated to the core activity, because that always represents a vested self-interest; and the second one is a worry I have if anybody is coming in for recruitment for [a] faculty position, and the first question they ask is about tenure. Those are the two principles that are very important [that] you ought to tuck away in your future career. Look out for those folks.

JS: Who were the members on the dean's search committee? How was it composed?

JB: Again, that's part of the problem of the search process was that it was probably too big. I don't remember who they all were, but they included representatives from Miami and Central State, and they represented most of the major players on campus and some of the Board of Trustees, and some of the folks from town. [Sam] Sava was on it and I think Jim Taguchi was, from the VA [Veterans Administration Hospital, Dayton], another very

important figure for me and continuing friend. It was a broad based committee and much too large for the function, and again obviously designed to be a political move by the university rather than an effective recruiting move.

JS: At that stage in the process of development do you feel that Miami University and Central State were helping the process or by their involvement were a hindrance?

JB: I think early on that they in fact were a hindrance to the process because of their desire to make sure that they were dealt into the game, and as a result of that there were a lot of early activities that were complicated, and that included the search process. I think it was not meant to be malignant, it was just meant to assure that they had a piece of the action, so they were probably more forceful and visible and demanding in some of the early things than probably they should have been or were later, subsequently.

JS: When the committee was set up- the joint committee between WSU, Central State, and Miami, composed of trustees with you as the chairman- how was that? Was that uncomfortable working with that kind of set up?

JB: Not at all, because I think that was the level of interaction that needed to happen and I think it turned out to be very useful. There really were several committees established. That one met only rarely because what then happened were that the president's level of confidence was broad enough that the working committee then became representatives from the campuses on behalf of the presidents, and that committee still meets with Sawyer [William Sawyer, Dean, School of Medicine], and has been very, very effective, particularly in the early days. Probably now it is less important than it was at that time. So the key players after it finally evolved to that were Chuck Vaughn [sp?], who was then Chairman of Zoology at Miami; Bud Williamson, who at that time was dean for the College of Arts and Sciences at Miami; Hutchings [Brian Hutchings], from our place, with Conley early on [Robert Conley, Dean, College of Science and Engineering]; and from Central State was Dave Hazel, who has been there that full length of time, and I believe that one of their faculty members was... no, Carl Jenkins was the representative, and Carl continues. That was a very effective committee and one that was very helpful, particularly after I described to them that some of their actions were becoming counter-productive, they got the message very quickly and moved to be very facilitative. But you can imagine there were obviously concerns at Central State regarding how that school was going to fit in and so forth. At Miami, the concerns there were compounded by a provost at Miami who, if this is going to be kept in the archives for ten years, is probably about the second in line behind Gilligan who I described yesterday as the world's greatest horse's ass, the provost at Miami at that time was the second. That created a lot of interesting problems for us and frustrated even the folks that represented Central State, because they were trying to be facilitative and every time they turned around the bungler at Miami would do something that was counter-productive and it would take two weeks to sort it out.

JS: Who was responsible for the development of the first précis for planning and development for the School of Medicine at Wright State?

JB: Well, there was a long history for it but I think the key architect for that way back when with the idea about a school of medicine here was probably Dick DeWall, coupled with Bob Conley, and then I think Ed Spanier played part of that role as well. But I would say that the original draft and the development of that program was largely an initiative of Conley, DeWall, and later Ed Spanier. That's the working document that was sold in Columbus.

JS: Can you describe for me the organizational format of the School of Medicine?

JB: Well, we decided to do a couple of things very early. One was that because it was a broad and very complex kind of organization that we would have a series of people responsible with portfolios representing the dean's office in a number of areas. The areas that we were concerned about, obviously, were areas of student affairs, curriculum, hospital relations, finance and administration, and so on. The second major concept was that we could not do some of the major educational innovations in medical education that were ongoing at that time, such as presenting material related to solely subject content or an Oregon system approach or things of that nature simply because of the dispersed nature and the community based nature of the program, so we decided to go with departments and a disciplinary approach. That is, the departments were responsible for pieces of the curriculum as a fundamental stratagem to try to put this together in the shortest possible time, which is what we did. Although we did some very unique and innovative things in the curriculum, for example it was largely developed by a curriculum committee and executed by departments but with a very major difference that the departments were responsible to a curriculum committee and the curriculum did not belong to the departments, which is the case in many schools today. The second piece was that we expected that the deans that had the responsibilities for certain pieces would in fact have the responsibility and authority to deliver those. So, Tony Zappala who very early had the key responsibility for the early development of the curriculum, Dr. Spanier had the early responsibility for finances and setting up the administrative structure of the internal operation, I worked on the clinical faculty and the formation of and recruitment of chairmen and the interactions with the hospitals until that became broad enough for us to bring in first Dr. Schieve, and then Dr. Jewett later on when Dr. Schieve retired. And I think that was a reasonable approach, I'm convinced as I sit back and reflect on it that had we tried to do too many things, too new, at once we would have been, one, either unsuccessful, or two, if successful our development time would have been very protracted. As it was, I chuckled at the seeming dismay at the university when I first arrived and told them that their timetable needed to be delayed by at least a year or eighteen months for it to be even hopefully realistic, and I think they accepted that with some reluctance at the time, again not knowing the complexity and nature of putting a piece like that together. Even with that, I think they probably don't recognize that the school was put together in record time. The earliest construct time from the arrival of a dean to the enrollment of a first class was thirty-six months, and that happened at Davis [University of California-Davis], and we came here and this program was put together in thirty-three months. Not many people recognized that at the university, and that's not a tribute to me, it's a tribute to the kind of people that were brought in who really took their

piece of the action and our meetings on a very frequent and regular basis to make sure all the pieces of the jigsaw fit together.

JS: How was the School of Medicine structured around the idea of family medicine?

JB: Well, I think there were two reasons for it. One was that that was a national fad at the time and therefore saleable in all the political arenas, and saleable in this community, too, where like so many communities that the idea of primary care medicine became more and more important because there were more and more people in specialties and too few delivering primary care. The second piece of that was that it made sense from where I came from to have that kind of focus because it became a rallying flag that a lot of people could move behind. It meant that one could then have a target in which you could begin to better focus on things like the curriculum and the educational environment and the clinical experiences and so forth, and I think it has been a very successful thing and I think one that probably made sense at the time and probably would make sense now, although I think the effectiveness now of announcing a school for primary medicine would be not as impactful as it was at that time. Let me just give you a scenario. You could imagine what it would be like if- by the way, it had been sold like that to the legislature as well- but you could imagine if someone said “I’m going to announce the development of a new medical school and our focus is going to specialty medicine”, or a neurosurgical institute or something like that, it would go over like something in a punch bowl, and clearly that would be a politically unsalable idea. So first, I obviously recognized the political nature of the question of the thrust, and secondly, I emotionally supported it because I honestly believe that that is the primary healthcare need of the nation then and now, and it made sense to do it, and my worry is that the pressures for a variety of reasons will be to move away from that focus.

JS: How was the resource allocation model set up for the School of Medicine? Was it tied directly to Wright State?

JB: Well, of course our funds flowed through Wright State so our budgeting process essentially was similar to that of the university, but clearly there were some other changes in it. For example, when it came time to developing the clinical campuses, there were expectations that the host institutions would provide some of the budget for the program, including salary support as well as office support and things of that sort. Second thing that was important of course was that if you recall yesterday I talked about becoming aware of the program here through the Teague-Cranston bill, and that was in the process of application when I first visited in winter of ’73-’74. I made some suggestions about the grant and with the planning and interaction that occurred over the spring was able to get some movement with that through our connections in California, and the university worked with Bud Brown and the VA grant was made available in early-mid ’74, and that provided the key funding that was necessary for the program to move ahead. On the basis of the projected state funds, it was absolutely unmanageable and unrealistic. It could never have been mounted with what had been projected in the document or what the state had allocated for the program.

JS: How did the School of Medicine fit in to the administrative structure at Wright State?

JB: Well, again I think that they were wondering how they could adapt to this beast and for a long time, even though we made major attempts to assure that the school and its development would be seen as part of the campus and interactive with it, I think the sense of the campus was that because we were able to do some things and move with some speed that we were somehow different. I think that at times gave rise to misperceptions of the school because there were a wide variety of people on campus who played integral roles with this school and its development, but I again came back to some of the perceptions and feelings that we talked about yesterday. Second, in terms of the administration I think clearly there was some concern because although I reported to the Provost at regular intervals, many of the activities in which I was engaged required interaction with the President because particularly the community links and activities of that sort, so some people on campus felt that in fact we were bypassing the normal mechanism of the university and that was patently not true, but that was the perception.

JS: The School of Medicine being a community-based model school of medicine, that put a lot of stress and importance on the abilities to get along with the medical education directors at the various hospitals.

JB: Absolutely.

JS: How was that initially set up, was there a resistance to that?

JB: On campus or in town?

JS: Both.

JB: Okay. On campus, I don't think the campus really appreciated until the school was in its operation as to the magnitude and complexity of the operation or what was going on in the various healthcare facilities. Part of that was the fact that everybody was working like crazy to get the program put together, and secondly, we had moved down here [to the Medical Sciences Building] and were therefore out of, if you will, the mainstream of campus activity and out of sight out of mind, I suppose. In terms of the hospital players, I think that they were supportive for the program of medical education because I think they had the insight of knowing what the implications were in terms of their programs. Most of those hospital directors of education were directors of education because those hospitals had graduate programs in the medical specialties, and as I mentioned yesterday, with the single exception of the Valley [Miami Valley Hospital], almost every one of the other programs was in trouble with the accreditation boards and there were a variety of reasons for that, so they saw that the opportunity to affiliate would immediately enhance their ability to recruit folks to their programs and as a result of that improve the quality of their program and therefore make them reasonably creditable. So I put the programs together by developing meetings and a committee that really was a committee of the directors of medical education, and I set up special committees with just about every constituency in town. I had meetings with the hospital medical educators, I had a

committee set up of joint coordinating committee between Miami and Central State, I had a committee set up among all the chief executive officers of the hospitals in town, I had a committee for every one of the disciplines, the clinical disciplines, and you know the kind of situation that puts you in, you're going from one meeting to another simply because you have that entire group that has to be dealt with. You can't do it in one mass arena so you break them up into sub-groups, and that was my principle function. So, the DME's were very helpful. The one thing that they did not appreciate, however, was two of my key philosophies that I articulated with them very early. One was that clearly the School of Medicine had to be responsible for the educational content of these programs and that I would make a major move to integrate the residency programs into a university-based program in which they would play key roles, and secondly, that I would use the educational program to try to help the hospitals move into areas of specialization and to try to reduce the level of competitiveness that occurred between institutions and was occurring at that time. So, in general those concepts were well accepted, although when one finally got down to push and shove, some of the programs like the program in surgery and the recalcitrance of the Valley in that one were late in coming in terms of having a city-wide program. But I think the wisdom of that has paid off in that now there is a university-wide program that is based in the department at the university and involves the hospitals in a way that I think is better than they even imagined it would be.

JS: How were the education functions divided up among the hospitals?

JB: Largely in the basis of what was existing in terms of the current existing programs, educational or otherwise; secondly, the strengths that were there in terms of what existed- several of the hospitals had some unusual strengths in some areas and not in others; and then third, some efforts on my part to try to build some strengths in some institutions where there were not those strengths.

JS: Could you give me an example of that?

JB: The latter one clearly was to take Greene Memorial Hospital and to base our Department of Post-Graduate Medicine there, which immediately gave it position and a stature that it had never had before and put it into a posture where it was easy then to develop a family medicine program through that at a later date. But that one move at Greene, which was very well supported by Mr. Menapace [Greene Memorial Hospital CEO] I think did an awful lot for both the School of Medicine and as well as Greene Memorial Hospital. Some of the other examples, St. Elizabeth's Hospital had most of its programs in family medicine so it became one of our foci for family medicine, and it had a very outstanding program in physical medicine, so those two entities were focused there. Medicine was focused at the Valley, obstetrics at the Valley, pediatrics, obviously, at Children's [Children's Medical Center], psychiatry at Good Samaritan Hospital, and so forth.

JS: What was the role played by the faculty in key areas of the College of Science and Engineering?

JB: Yeah, there were some very major roles that were played there, particularly when starting to put together the program and the curriculum for the basic science portions of the academic program. A key example was in Biochemistry, where Dr. Fritz [H. Ira Fritz] - was it Fritz? I think that's it- on the Biochemistry faculty became the acting chairman of the program. Folks like Batra [Prem Batra] and others were put together with some people from Miami and Central State, the beginning formations of what was to become a department of biochemistry, for example, was established. In Microbiology, the leadership for that program came from the microbiologist at Miami, but we also had people from Wright State who were running it, including McFarland [Charles McFarland]. Again, people who played major roles and then later became less visible in the program. In Physiology, we did not have a wealth of physiologists but Roger Glaser played a major role there, as did Mel- I can't recall his last name- from Central State, so there were a number of folks like that who were key players in that, but the numbers were few and relatively small and we had to do two things: one to develop chairmen for those areas and then begin to establish and recruit additional departmental members. So, largely that nucleus not only began to formulate the idea of what the curriculum might look like, but they also became largely the search committees for the chairpersons of those departments. And then Hutchings and I worked with the faculty in S&E [Science and Engineering] to create these departments out of what was a huge Department of Biological Sciences and obviously one that could not support a medical educational program in its current format, so we developed the concept of a matrix department, and that worked well.

JS: What is a matrix department?

JB: A matrix department is one in which the department is established, housed in one entity but has major responsibilities to two entities, in this case School of Medicine and College of Science and Engineering; faculty members in both schools responsible to two deans, resources from two sources, responsibility to function not only for those entities but have campus-wide responsibilities. But it was established on the space model of programmatic development where in fact you put people together and geared them together for function, and oftentimes then they were put in the position of having in that matrix, hence the name, of having to report to two different bosses and two different organizations and that is deliberately what we put our basic science chairmen into.

JS: That implies a close coordination. Not only then, but continuing?

JB: That's correct, and I think was again one of the strategies to try to demonstrate to the university community that in fact the school was part of the university family and that we were making a real effort to integrate it within the workings of the university.

JS: How did you approach the standard faculty questions of tenure, promotion, things like that?

JB: We made a commitment early on that we needed to look at the tenure question, and I think the tenure issue today is one in which the thrust and purpose of tenure has been

distorted to become job security rather than the ability to have the freedom, the academic freedom that one needs and to be able to speak without retribution, and what has happened in American higher education has been the problem of almost a demand for academic freedom without the embracement of the concurrent responsibilities there, too, i.e. keeping yourself current, insuring that the best interests of the institution are maintained, and so forth. So we had long chats about what that meant in the School of Medicine and many of us felt that maybe we had an unusual opportunity to approach it differently, and our thought was that we would go with a series, that we embrace the concept of what the principles of tenure mean other than job security, and that we would develop a series of renewable, reviewable contracts in our by-laws, and that in fact was done. I think it works very well. Tenure is really, in my opinion, an outmoded concept, and with the opportunity then to do something different we did do it differently, and I believe the School of Professional Psychology, as it developed, also did the same thing. It makes a lot of sense to have built into the schools a mechanism for periodic review so you don't go through the convulsions that particularly Wright State has gone through over its early years, worrying about its performance in a variety of areas. It seems to me that having built into the system a program of periodic reviews makes it then a very easy thing to accomplish; it has meaning to it, it has the teeth in it if you need to do some changes, but the intent is continued employment and the opportunity to grow and advance, and it removes the idea of a union shop. It re-instills the idea of professionalism.

JS: How far did you have to go to get faculty, geographically?

JB: We went from coast to coast, literally, and north to south, literally, because not only were you looking for people who everybody else was looking for in terms of high quality folks, but you had to also look at a segment within it of people who would be willing to come to an unknown university in a brand new program in an untried environment, and who would be willing to gamble their professional careers as I was willing to gamble mine. So you are looking for a very small segment of a relatively small population, and that is not an easy thing to do. I think we were highly successful in recruiting, and that was due to I think a lot of personal attention to the people, looking at individuals who had a record of being willing to be innovative and take a chance, and we were fortunate to find a few individuals who wanted to return to this area, having family or other roots here. So we were able I think then to establish a very high quality group of leaders in a relatively short time by making that a key priority issue and by having broad but then focused involvement in terms of the actual recruitment of those people. We had folks here as you know from the west coast, from the east coast, from the northern plains, from the southern states, and it became a very cosmopolitan group, and that was by design as well. I resisted the tendency to try to recruit and bring with me a whole team of gangbusters from Davis because then we would be creating a "Davis-Midwest", rather than a new school of medicine literally from scratch.

JS: When you were looking at the hiring of new chairs, your first departmental chairs, did you stress developmental experience or what?

JB: No, our stress was to try to get individuals who were academically creditable, who had a record of scholarship, because we felt that we could support them in terms of the development mode by other ways, by our staff and by a variety of other means. But our goal was to try to get people who were substantial figures in education, and if they had developmental experience so much the better, but that was not a criterion in their selection.

JS: Your early staff when you arrived here at Wright State, it sounds like they played a very important role in developing-

JB: You bet. It almost became a family, if you will, because it required very close coordination between all of us. It required, obviously, laying out priorities, very clearly trying to establish who was going to do what and to whom, and most importantly communication vehicles so that we could know what was going on without re-tracking ground or inadvertently doing something counter-productive to what someone else was doing. So that first team was very important, and I think you simply can't do it without that kind of nucleus of folks. There's just too damn many bits and pieces that have to be put together and everybody's got to take their part of the action and run well with it. Fortunately, I had no problems in that early leadership in terms of either personality conflicts or people who simply couldn't deliver the goods, and as a result of that it became a very smooth working team and we did not have to worry about picking up the deficiencies of one or the other of the group because they all performed very well. One would expect that in that kind of early development that you would have one or two players that might not be up to the snuff that you would hope for, but fortunately that turned out not to be the case.

JS: In your history of the School of Medicine that you compiled for the Macy Foundation [Josiah Macy, Jr. Foundation], you describe the movings of the Office of the Dean of the School of Medicine as a game of musical chairs.

JB: Mm hmm, precisely.

JS: How does that affect your staff?

JB: Well, I think there are advantages and disadvantages, and some of the moves were more impactful than others in terms of positivity or negativity. My first office was in the executive wing in Allyn Hall, carved out of somebody's space who probably had been evicted the day before, and I guess I had the mandate to charge ahead. There I was, no secretary, no nothing. It became clear that that was an impossible situation. We cast around for space, and as one would be told today, there was nothing available in the university. Fortunately, [we] found out that there was space at the Kettering Center, [and] was told we could have some of it if we paid the freight for making it a habitable condition. So that was a major chunk immediately of the university trying to eat the golden goose. We made the investment in a space, took over about half the top floor at the Kettering Center, operated out of that for a couple of years until we outgrew it, then moved to the VA as the VA grant moved along and as our interrelationships with the VA

moved to cause us to have much closer interactions with them. They provided some space on the VA campus in one of the older buildings on campus, the VA campus, and then from there we moved to the new quarters at Wright State-

[End of tape; gap in recording of approx. 60 seconds as tape changed and recording continued]

JB: -and then there was some juggling and musical chairs in our Wright State activities as well as Bio Sci and Med Sci [Biomedical Sciences Building and Medical Sciences Building] came online. Each one of those had a different kind of impact. The obvious move downtown from the single office on campus provided us with the opportunity to be very close with the community and so it was very facilitative in terms of interacting with the hospitals and those constituencies. It was a problem for those who had linkages with the various schools and colleges on the main campus, but I think most people saw the opportunity as beneficial because it provided enough space for the critical mass of people to meet and be together at regular intervals. Interesting story there about Ray Palmer and the Health Sciences Library that we should chat about sometime. Then we move to the VA because we simply outgrew the space here, and I would say that that move was one that was seen positively by the VA and probably negatively by the staff. It really stressed the morale of the group simply because of the far location from the VA and the fact that the quarters really were sub-optimal. It did provide enough space for the dean's office and the key people attendant there to, but it was pretty grim; un-air conditioned, oftentimes with power failures, and you name it, it was there. Then, I think the real thrill for everybody came when the Bio Sci and Med Sci came online and people could move to those buildings, and when classes were started. That kind of musical chairs, finally culminating in the design space, really I think it was very exhilarating for most of the people. The story about Ray Palmer is interesting because Ray was the founding librarian, did an outstanding job. He came from the Countway Library at Harvard and was here at the Kettering Center as one of the early team charged, clearly, with information services and development of the library for the School of Medicine, which caused him to have some very interesting, early interactions with the University Librarian, a fellow named Ron Frommeyer, who was scared of his shadow and saw every move that Ray made as one that would threaten his position as University Librarian. Ray was very innovative, began to develop the collection relatively shortly after he got here, began to integrate the librarians in the hospitals into a consortium of libraries and wound up developing with them a so called rational acquisitions policy where each of them were responsible for certain specialty activities in terms of publications. Then Ray built the core network, and because he didn't have a place to house it, found space over in the basement of the Montgomery County Library and that librarian, who is now retired, is owed by the university a huge debt of gratitude for providing space over there in an area that was obviously crowded with his own needs, and that then became the staging area for the library and enter the musical chairs then when the first classes were enrolled, Ray took a couple of the early multidisciplinary teaching laboratories, because the medical sciences library was not available, and made a branch extension there. So he served as that for the first year and a half out of the basement of the Montgomery County Library, and it was that kind of creativity that characterized that group. Absolutely impossible to

do in the university today with the kind of mindset that exists, and I think incomprehensible at the time because people were not used to doing things or thinking about how things could be done. Generally, the sense was to give you an excuse of why you couldn't do it, and that again is another interesting story. That's one of the reasons I demanded when I came the title of vice-Provost, because I needed to have the opportunity to put some screws on some of the people who found it much easier to say no than to say, "Well, let's see if we can find a way to do it", and that was true of every service activity on campus, almost.

JS: Do you feel like flexibility was the watchword for your staff?

JB: It had to be- and creativity and innovation. And that was so uncharacteristic of the way the university had operated. That's another reason we stood out differently. And of course with that- and the kind of thing I just talked about with Ray Palmer, that obvious success, to go from nothing into an operation in which you didn't own a square foot of library space and yet had a fully functional regional library system- is incredible to a lot of people. I think when you start to think about it, a lot of people still shake their heads at the thought of running a medical school in a community in which you don't own the clinical facilities, yet it can be done, and you do it by a series of creative moves.

JS: Besides helping develop the curriculum for the medical school, what did Dr. Zappala do?

JB: Dr. Zappala was I think very, very helpful in terms of functioning as a distinguished faculty member, and participating in activities at Miami and at Central State as well as at Wright State. He was very influential in early curriculum development, was very helpful in a number of special ad hoc ways when we first got here together. But Tony's role was largely to be the senior academic professor and develop some of the bridges, particularly with the College of Science and Engineering, and he did that very, very effectively because he was an enthusiastic, intelligent guy, outstanding teacher. At Davis he had one the student teaching award three or four years in a row and as a result of that was highly respected. I think Tony did a lot of things, he chaired the early curriculum committee and I charged that committee with doing a couple of things that I thought were very important. One was that I wanted them to- obviously, as I mentioned earlier- we had to go with a disciplinary rather than an Oregon system approach, so to keep that from being rigidified I charged the committee with finding ways to ensure that the curriculum was the property of the curriculum committee and not the departments and how that could be affected, and to insist that I wanted to have at least one major curricular change a year so that we could demonstrate that it was in fact a school property and not a departmental property. Secondly, we wanted to have within the curriculum the opportunity for students to remediate and not to do that in a way that expected them to remediate in the most disadvantageous ways. Let me give you an example. A student's having trouble. It's usually in several courses in that he gets into one course to try to save himself and he lets several others go down the tubes, and I think we've all been there, and then if in fact they need some additional work then here comes a new semester, a new quarter, and they're faced with a full load plus remediating what went on in the past. That becomes a catch-22

situation, so what I charged the curriculum committee to do was to look at new and creative ways that one could address the problem of the student with academic difficulty to preclude that happening. They came up with two very fine suggestions. The first was rather standard, and that was that we build within the curriculum the opportunity for some students to have a slower pace so that the first two years was really a three year experience rather than a two year experience. Fairly standard throughout the United States. And secondly, and very creatively, that there would be a design into the curriculum for time in which students who needed remediation could remediate, and that was done by shortening the quarter and making three weeks available for that remediation, and for students who did not need to remediate, to make that time available for elective experiences. That has been outstandingly successful and has worked very well. We still have some students who need to repeat a year or who may elect to have a decelerated program, but the fact of the matter is that because of the intensity and the pace of the medical school curriculum a lot of students who are high quality students will still have academic difficulty, and of a minor nature, and this permits that kind of remediation to occur. So that's been very successful and is something that I think was new and refreshing and original in the School of Medicine.

JS: What kind of electives were available in that last three week period to a student who might-

JB: All kinds, including basic science electives, introductions to clinical medicine, preceptor programs with the practitioners in town, a whole host of things. But there was one other element that was built into all this, and that was that in order to control the curriculum we expected that the curriculum would be constructed with a series of learning objectives and an assessment to see if those objectives had been achieved, and we insisted that all of the electives be put through that same design process so the electives were simply not a good time experience, they also had learning objectives and evaluative criteria in achieving those objectives.

JS: How did you set up a curriculum like that where it's constantly self-monitored, without a prior body of students there to draw upon?

JB: Well, we did some interesting things. Obviously, everybody who was involved with this had had themselves previous experience with curricula elsewhere, and what we then did was as we began to develop the curriculum, we actually borrowed medical students from other schools and had them come in and react to our curriculum and our curricular designs. So we had students here from Toledo and Ohio State and Cincinnati who volunteered their time at all four levels of their experience and to react to what we had put together as a concept, and I don't think that had been done before, either.

JS: How much leeway did the department chairs have in developing the curriculum for their departments?

JB: I think they had a lot of leeway in the sense of the technique and content of what they would deliver, but they were pretty constrained in terms of what the goals were to be

achieved in that period of time, to design it to fit those, and more importantly I think, to have their concept of how that was to be implemented approved by the curriculum committee. So it isn't like our current curriculum committee where they look at a course number and simply stamp it and approve it. Every one of them were dissected and analyzed and critiqued, and only until the curriculum committee was satisfied that in fact the program achieved what they felt it should achieve did they approve it. So it was a very effective two way street. The chairmen felt that they had the opportunity then to be creative within what they had as their charge for their disciplinary program and yet understood that the curriculum committee was the final arbiter in terms of what was to be offered and how it was to be offered. And some of those sessions became very heated, but I think that having that kind of tension there was very constructive, and I'm a firm believer in constructive tension. But the curriculum evolved with I think speed and with clarity and with a very well defined purpose, and I think all of the external criteria have demonstrated that. Students have done well in the national board exams, they have done well in their preparation and reports coming back from clinical people that they have had their basic science information when they've left this institution and gone elsewhere, the reports back are that they are a very knowledgeable group. So I think it says something when all of the external evaluative criteria are very positive.

JS: So you do have a feedback system on monitoring progress of students after they leave this [??]

JB: Absolutely, yeah. On a regular basis, and on a very well defined and- what's the word I want- on a scheduled basis, but it is done in a rigorous kind of way. It is not something that is done casually.

JS: You mentioned in your history of the School of Medicine that the community was involved with selecting students. Did you set that up as a conscious means of integrating community involvement?

JB: Yeah. Well, it was done for a couple of reasons. It drove the accrediting group- our Liaison Committee on Medical Education- crazy because like so many other committees [they] believed that the only ones capable of selecting medical students were medical faculty. So the reason that I wanted to do that were two: one was to assure community involvement and the openness of the admissions procedure; and secondly, to give a message to the faculty that in fact others could make some important decisions regarding human qualities that we were seeking in the students to be admitted. So we wanted, of course, not only students who were bright and good scholars, but who had the other qualifications in the human area that we were looking for- sensitivity and compassion and those kinds of things- and it doesn't take somebody with a PhD. in physics or microbiology to make that kind of judgment. So we did several things. We asked for volunteers through the United Churches in Dayton and through other service groups, and we got a collection of people who volunteered to do this, and we did some interesting things with them. We put on a series of seminars to instruct them in terms of what admissions process is supposed to accomplish philosophically, and then how do you do that mechanically and what do you look for, and how do you then finally function. While

we were doing that, we also did psychological testing of the people so that those who were obviously misfits or had preconceived ideas were gently told that we didn't have need for them this year but we'd call them again, and we wound up with a crew of people who probably became the most knowledgeable admissions people in the country. And the reason that they were is that we literally put on seminars with experienced people, had a variety of individuals come that were functioning as admissions officers elsewhere, had Walt Levall [sp?]- who is now dean at Meharry [Medical College], was then associate dean at Cincinnati- come in and talk about minority recruitment and what you needed to look for in terms of minority evaluation, and wound up with a super sophisticated committee who had yet to admit their first student. Had people on it who represented folks who had retired from school systems or from church service or what have you who were looking for something to fill their time who had a broad range of human experiences, had a couple of housewives in this who wanted to do more than "house-wiving", and it really I think worked extremely well. It taught our group of folks here that in fact a group of people could make sound judgments if they talked about how they were going to do that and worked at it, and secondly, it was a clear message to the community that they had a stake in this school and were actually going to be empowered to help with the selection of students to come in. The third piece that I thought was exceptionally important was that there was no way that one could rig the admissions process and on the basis of having done this and set it up in this way, it made it almost impossible for people to come demand at my desk that I admit x, y, or z person. I had anticipated that all of the politicians and all the others would have a chip in the pot that they would want to pull back, and I was not about to play that kind of game. So that was the third piece of that strategy, it was to show the openness of the process. Then there was one other thing that I thought was very useful to do, and that is that we invited pre-medical advisors from elsewhere to come in to look at the process after it was underway so they understood it and became educated in how it happened, and we made the activities of the admissions committee open to anybody who wanted to see it in action, including reporters from the local press. I think everyone was convinced that this was a place where you couldn't buy your way into medical school, and that's exactly what we wanted to establish.

JS: Thank you very much, Dr. Beljan, for this session, and we'll come back next time and talk about the role of some of the other institutions in the area in the development of the medical school.

JB: Okay, good.