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James Augustine, M.D. Interview for the Boonshoft School of Medicine 50th Anniversary Oral History Project

James Augustine

Kristen Dilger

Wright State University - Main Campus

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WRIGHT STATE UNIVERSITY
Boonshoft School of Medicine 50th Anniversary Oral History Project
Interview with Jim Augustine

Interview Date: November 24, 2021

Interviewed by: Kirsten Dilger

TRANSCRIPT

Kirsten Dilger (KD): Hello

Jim Augustine (JA): Hello, Kirsten. It's James Augustine. I am so sorry.

KD: I am sorry, too. I didn't know my camera wasn't going to start working. The recording is in progress.

JA: It's in progress?

KD: Ok. We are good to go.

JA: Okay.

KD: How are you today?

JA: It's been a busy day.

KD: Definitely.

JA: Yeah.

KD: I'm glad everything worked out, though.

JA: Yeah, it's getting there. We have kind of a rescue mission we're doing and it ran late this morning. And then I couldn't get my computer to work. So, it's going to be one of those days.

KD: I guess, you know, it feels like a Monday.

JA: I'm thankful that it is a holiday tomorrow so some of this can stop.

KD: Me, too. I just need a deep breath for a little bit. But I am very glad that- you are my first interview for this project, so congrats. But it's going to be super easy, just basically talking about your time at Wright State in the medical school. So, whenever you are ready to get started, I'm ready to get started.

JA: Very good, go ahead. Are you recording?

KD: I am recording.

JA: Okay.

KD: So, first, why don't you introduce yourself. Say your full name and what you're doing right now, just that kind of stuff.

JA: Okay. My name is James Augustine. I am an MD. I have a number of pieces to my career. I'm an emergency physician, and also a Fire/EMS medical director, serving with Fire/EMS organizations in the Dayton, Ohio area, in Atlanta, Georgia, and in Naples, Florida. My home is in Naples, Florida officially, but my second home is in Dayton, Ohio where I am today, and I am married for forty years to another Wright State Grad, Linda Augustine, who is a BSN, in the Wright State class of 1981.

KD: Perfect, and your class is in the-

JA: Medical School, class of 1983, and Emergency Medicine Residency class of 1986.

KD; Perfect, so my first question is: Why did you decide to go to Wright State University for medical school?

JA: Right, I did my undergrad at Ohio State University and I was looking for an opportunity to be at a community medical school, and one which offered me a broad range of opportunities to learn and to participate in health care. I thought that would set me up better for my career than a university setting that was a rigid university hospital.

KD. Definitely, and what was the application process like for it?

JA: Yeah, so, at the time medical school applications were complicated and involved, you know, a number of pages, transcripts, scores on your achievement tests, a written statement and then an oral interview, and which was the first time that I had been on campus at Wright State. And then you wait for a significant period of time for them to make a decision about whether you would be admitted or not. My top two choices were University of Cincinnati and Wright State University, and I was accepted at Wright State and then accepted that offer, started in August for orientation, and very quickly became involved in our class and involved in what was Wright State.

KD: Very good. And so was it hard to, you know, make the gamble to go to Wright State since it was a new medical school?

JA: Yeah, it was a new medical school. I was in the fourth class and what would be the first full size class. They had- they had kind of started with a smaller class and went up with the next two. So, we were the first full size class, which was 100 individuals. You know, it was a risk. We knew that this was a school in a cornfield at the end of the interstate, and so it's a little risky thinking through that. Nevertheless, the faculty were so happy for us to be there, the school was very receptive. We had, you know, new areas to the building, or new areas of the campus that was the medical school building and were excellent places for us to begin learning. And then, very frankly, as you got out into the community and began doing community rotations, you realized what a great place that this was to learn.

KD: Certainly, and so what was your experience during your 1st year of the medical school?

JA: Yeah, so the 1st year in medical school, you spend a majority of your time on campus, didactic sessions, lab sessions, and then each Friday we would go to do Introduction to Clinical Time. At the time, our Fridays started at St Elizabeth Hospital, which no longer is in existence, but we would start at St. Elizabeth. We would go through our introduction to clinical medicine, and then in the afternoons, typically we would go to rotational sites that changed during the year to do different experiences. At the end of each um, they were quarters at the time, we were on a quarter schedule, not a semester schedule. At the end of each quarter, you would have a week of doing some other experience. That was the opportunity the 1st year. On campus mostly, most of us lived near campus. We would use the other university buildings, you know, for studying every once in a while. Or for... not even for labs, there were just a couple of other experiences on campus, but really you were in the medical school and the adjacent building, learning. So, that was 1st year, and we got to participate in other activities that were going on on the university campus. They had a really good basketball program at the time, we played all the intramural sports, you could eat at those places. There wasn't a whole lot else to do on campus at the time, because it was still relatively small.

KD: For sure. So then how is the curriculum special during that time?

JA: Yeah, the curriculum at the time was a standard medical school curriculum. There's frankly a lot more flexibility in how they build the curriculum now, but at the time, we had quarter sessions that were broken out in a traditional medical school way. So, gross anatomy, neuro-anatomy, micro-anatomy, physiology, chemistries, and then be getting into some of the other mostly basic science stuff. You then had the summer off, and then you staged for the second year, where you really get more into physiology, patho-physiology, pharmacology, et cetera. So, it was a traditional way at the time of running a medical school curriculum. Mostly lectures. A single student each class that was taking notes, so we had a note service that was composed of ourselves within the class and then tests at the end of midterms and end of quarter. So, it was frankly a traditional medical school curriculum at the time.

KD: And would you have considered it harder than other medical schools, or about on the same level?

JA: Well, what was harder, and what the faculty let us know was that the school was still probationary, and that we needed to do very well in order to show that the medical school belonged in the world of medical schools, some of them who were 100 years old, and it was our opportunity to excel in doing that. We had a wonderful class. I was so blessed to be with the other 100 people that I was with. We were very collegial, we got along very well with the faculty. We had a practice of being socially interacting, as well as scholastically interacting with a lot of learning groups, with a lot of opportunities for you to pick up stuff without having to sit in the classroom alone and do it. And then we played intramural sports together, and at the end of each exam set, we would have a party, and those were things that brought our class together, very honestly, and allowed us really to excel. Excellence in medical school is- at the end of your 1st round of sessions you do part 1 of the boards, and kind of a mark of the of a medical school is that people pass part 1 of their boards. That speaks well for the didactic curriculum, and at the end of our 1st learning set of processes, essentially everybody in my native class passed part 1 of the boards.

KD: Oh, my goodness.

JA: Yeah, and at the beginning, we, our class was known to be so social that the faculty was a little bit worried that we were spending too much time thinking about social stuff and not enough time thinking about scholastics. In fact, the faculty let us know at the end of the 1st and at the 2nd year, that we kind of set a new stage for how we interacted and were collegial with each other, and frankly provided a better learning environment than other classes that were not as social as we were, and not as collegial, and people went off on their own to try to study and learn stuff, and there's simply too much to learn by yourself. So, the class after us had a very different kind of... kind of a personality. They all tended to be much more individualistic and more book oriented, and very honestly, they didn't do near as well in terms of performance on the boards. So our class was known to be a class that had the personality of cooperation, collegiality, having fun while learning, and that was really an important lesson for everyone in a new medical school.

KD: Very good. Well, can you go more into detail about the social activities? Maybe, like, talk about some of your classmates that you have good stories of?

JA: Yeah, so early on we had orientation, and that was less formal learning time with faculty, and we elected interim class officers, and our class president was Kris Brickman, and I was the. The vice president, whatever, the 2nd one, and we started to organize our social events. Kris was particularly good at that. So, we were going to organize parties, who was going to hold them at the end of each of our exam periods, and we were going to organize intramural teams, and we realized we needed more people for the intramural teams than we had in our class. So, Kris and I went to the nursing school to recruit for the rest of the intramural sports. That's poignant for me, because that's where I met my wife.

KD: Aww.

JA: So, yeah, the 1st week of orientation, I met my wife doing that, and then we kind of broke down the barriers between the med school and the nursing school doing that. So, we had intramural teams in everything, made regular appearances and all of the stuff, we had parties scheduled at the end of each exam period. This was not about how wild you can be and all that kind of stuff [laughs]. It was just we wanted to do that. And then one of the things we were well known for- when we went to take Part 1 of the boards, it's a real process, so everybody was going to stop studying the night before, and we were all going to meet at a golf place, and we were going to play putt-putt golf, and it had batting cages and so you could do the batting cage. The faculty thought that was an innovative way to prepare for your exams, was the evening before that at 6 o'clock, studying was going to stop. They had kind of recommended that, you know, trying to study for big, huge board exams, you're not going to learn that much the last night that you're there, and they encouraged us to not be studying up to the last minute, that wasn't going to be beneficial. So, we decided to be social. So, we had some really good parties, and we had, again, very nice people to interact with, and then those people you could call on at anytime to assist you, and study groups, and somebody in our class would be an expert in every one of the areas. So, we had somebody who was really good at anatomy who could kind of lead sessions for anatomy and physiology and chemistry, et cetera. That is a really good way to approach something as difficult as medical school.

KD: For sure.

JA: So, if I could add one little poignant thing-

KD: Absolutely.

JA: The anniversary of the Who concert, the disaster at the Who concert?

KD: Yeah,

JA: You know, that occurred- that was a fall event and people recounted that after the search incident in Houston, and a couple of our classmates were at the Who concert that night, and one of them was swept up in the crowd and fortunately wasn't killed. But we had a couple of those kind of events that occurred that reminded us, you know, that we still were living in a real world, we had to be really careful about how we conducted ourselves. It was, that happened to be one of the events that occurred early in our time at Wright State.

KD: Are there any other events that stick out of your mind during your career at Wright State?

JA: Uh, man... so, that's the 1st year. The 2nd year, maybe I could stage it that way, is that okay?

KD: Yeah. That's totally good.

JA: The 2nd year in our class, the 2nd year you spend half of it on campus, and half of it at the VA.

KD: Okay.

JA: So, they had a brand-new building at the VA that they wanted to put the medical school in, so we would flip flop our classes between the VA and the campus at Wright State. Everybody had to learn to drive and be really good at driving, and then we still have to do our clinical rotations throughout the area, and your 2nd year you really begin to travel a little bit more. So, people in trying to travel and get through winter weather around Dayton. Ohio at the time, a little concerning at times, and then you get to the end of the 2nd year and you take Part 1 of your boards, that was back on campus. And when you get to the end of your 2nd year is really when you recognize that the 3rd year is going to be out among the community hospitals and we won't be together that much again. So, the end of your 2nd year is kind of one of those staging areas. We had a nice party at the end of our 2nd year, and before the start of our 3rd year, a lot of us ended up getting married between our 2nd and 3rd year, that was what happened to me as well. And we took advantage of the opportunity to make sure that we all knew what was going on into our 3rd year, and that we needed to stay in touch with each other, which we very much did. The 2nd year, you do a bid to get to the 3rd year classes and what the rotations are, et cetera, and that's another event where we had a really nice party afterwards, and a lot of people remembered. And then you go through your fixed set of rotations your 3rd year, and then an elective set of rotations your 4th year, and then during your 4th year is this huge event, which is called Match Day.

KD: Mm hmm.

JA: It's March the 15th, it is a big event across the country where all medical students on the same day learn where they have matched for their residency program. So, they brought us all together back at the amphitheater again, and we had everybody opened their envelopes essentially at the same time, a big picture opportunity, and then we all went out and had a party together [*laughs*].

KD: It all ends with a party, right?

JA: It always ended with a party, it did. And no law breaking, nobody got thrown in jail, none of that stuff that went along with parties, but we certainly had a good time. We had a really good yearbook group that put together a wonderful yearbook of remembrances of the 4 years, and then a big celebration at the end of our 4th year for graduation. Ours was the year that some of the initial work by Jerrold Petrofsky was coming to fruition where he was developing systems whereby people who had been paralyzed could be able to get upright again and begin to exercise. So, our graduation ceremony included where they had Nan Davis get up and walk up to get her diploma, and so people will not forget our graduation. We had a nice ceremony the night before, which is the medical school-only session. It was the 1st full size session for the

University School of Medicine, and then the next day we participated with the big ceremony with the entire university at UD.

KD: Can you tell me a little bit more about... did you have a white coat ceremony? What was that like?

JA: Okay, the white coat ceremony is at the beginning when you come in. I don't remember a whole lot about it other than it was really nice and you get your introductory white coat, and then at the end of that we were invited to use our white coat for the first time at a community health fair that was being held downtown. So, that was our 1st opportunity to don our white coats was going downtown and participating in a community fair.

KD: Very good. And did you like... because Wright State doesn't have a hospital attached to it. That's like the most unique thing about it. One of the most unique things. So, did you appreciate working with the community hospitals around Dayton?

JA: Yeah, so that gets really to more of what you do your 3rd and 4th year, which is when you go out. We... many people were aware of what happened at a university hospital when you just all flood into the one hospital and get in. And the 3rd and 4th year really is you get shot out amongst the hospitals, you get a series of rotations, you're in offices, you're in hospitals that go from Cincinnati to the kind of Lima area, Springfield and so forth, and that is something that you come to appreciate over time, and particularly come to appreciate when you're done and you compare yourself to other physicians who have come out. Our experience when we went out is that we were very much appreciated, and that we had faculty that were really interested in teaching. Because you only voluntarily serve as a faculty member at Wright State, and those were people who wanted to have medical students with them, who appreciated that you were there, who took the time to teach you, and if anything, you got a much deeper set of experiences by doing that. Another really big piece that you know you have a greater appreciation of when you're done is each of the hospitals that you rotated through at the time had had a different approach. I particularly remember going to Wright-Patt first, and some of our rotations at Wright Patt with the military population. They were thrilled to have medical students there, and many of the patients were thrilled to be taken care of by medical students, and we learned a way of caring for people that you wouldn't get in many, many other schools. The VA was new to teaching at the time, and frankly were just dabbling their feet in teaching. Over the subsequent years, they got much more involved in Wright State and in teaching the students. But everywhere we went we were appreciated. What you learned as a student is that you have to go to these different places, you kind of serve as an ambassador for the school and for the people that you know are going to follow behind you. You learn very different approaches. You start at Wright Patt and you learn military medicine. You would go to Children's and learn a children's approach, you would go to the Kettering system, you would go to Good Sam, you would go to St. E's, you would go to Miami Valley. Then you would go to some of the outlying hospitals, including Greene Memorial, and Richmond in Richmond, and learn very different ways, and as a medical students- and then for me carried into my residency- you learned seven or eight approaches to clinical care. All of them added to the richness of your knowledge about

how to deal with people, how to solve problems. I find that an extraordinarily good experience, and believe that I was coming out a much better physician because I didn't learn a single "university way" of doing something. Instead I learned seven or eight ways to approach patients and to solve problems, and then you always had to be thinking on your feet because there was never just one way of doing things, and later on in my career that has served me so well, I learned stuff at Wright-Patt that I remembered and will do until this day. It's still the best medical record system that there ever was, was the handwritten charts at Wright Patterson. And so that is- when I continue to talk about Wright State to potential students or potential residents, I say the university setting there, where you don't have a single university hospital, greatly enriches your experience going through school and learning ways to approach patients and to solve problems.

KD: Very good. And can we talk about how Wright State helped you, like, in your early career? So, like, in your early residency, talk a little bit about that?

JA: Yeah, so the medical school, in my opinion, sets up their grads to be attractive to good residency programs. They're always scared about that, you know, that the grads won't be able to go out and get good residency slots. And so, they spend some time teaching you about how to interview, how to portray yourself, how well that you have done, they help their faculty write good letters of recommendations so that people could get good residency slots. So, starting with your number one responsibility, which is to get your medical school grads into residencies, they did everything they could to support that. Much more important, ultimately, you have to be able to go out and practice. So, the school- [*pauses for an interruption at his office*]. Sorry.

KD: It's okay.

[*Dr. Augustine gets up momentarily to attend to something*]

JA: Sorry.

KD: It's totally okay.

JA: We have two visiting dogs, and then we have the kids from across the street who just came in, so they're going to go crazy. I apologize. All right, so, we had then a responsibility to set you up for a successful career, and if you if you train your medical students to be very good on their feet, to always consider the patient's needs first, to know where their support systems are in the background at the medical school level, our faculty were really good about that and trained us not only what it's like to get through medical school and residency, but what it takes to be an excellent physician later in your career. How to balance stuff. We had social events with our faculty so that we learned that, if you will, the social skills of interacting with physicians, and what it's like to be in practice in various kinds of groups, and we had some people that had trained at traditional medical schools, and would tell us, you know, what it's like to be there and to be a part of an academic community as opposed to a practice community, et cetera. So, all of those things stage physicians ultimately to find the right career for them, and then to be aware

of what that career was like, and how it would be attractive to them, or very frankly, not attractive. A lot of medical school is about teaching you, or is running you through experiences that you don't want to be part of your career. And so I have always defined medical school and what you go into as a specialty is bouncing off of things that you don't want to do, and so I don't want to tell you any of the personal side of that, but everybody when they get to the end, and they get to the end of the residency, and we would get back together for school reunions and stuff, said, "man, I learned what I didn't want to do as much as I learned what I did want to do", and eventually you find yourself at a spot-. I remember the day, I didn't know anything about emergency medicine when I came to Wright State, I thought I wanted to be a pediatrician, and as you bounce off your required rotations your 3rd year, you figure out what kind of practice style and people to be around. And then my 4th year, I found myself in the library reading journals that related to emergency medicine, and emergency medical care, and I remember sitting on the floor one day looking through a journal going, "you know, there's something about this that I really like, maybe I should be listening to this", and decided that I wanted to go into emergency medicine, applied for emergency medicine residency, went down that pathway. We had a new emergency medicine program in Dayton, and I decided that I would apply to that very late, actually, and was accepted into it and then could continue, but a lot of medical school is, honestly, figuring out what you don't want to do and what is not attractive.

KD: And in your class, were there all sorts of people picking different specialties, or they kind of like all went in the same direction?

JA: Yeah, Wright State was known for its Primary Care orientation. So, it's no surprise that we had a greater proportion of people going into primary care. Otherwise, our class was so diverse, and in picking that 100 person class, the admissions committee had looked for diversity. I was a business administration undergrad. We had humanities, we had English majors, we had a drama major, we had a lot of good athletes, and the admissions committee being as diverse as the student body they wanted it to be, had worked very hard to bring together a group that had a lot of diversity to begin with. That was important, and as I said, we began our 1st year- so, remember in medical school that 1st quarter is when you are starting to interview for the next class. So that 1st quarter, they picked all of us, they threw us in a room and said, you're the class of '79, or '83, sorry, and here's the expectations, and then they watched us go off and do social activities and athletics and all that, and they're like, "Oh, my gosh. What have we done here?" So, the class behind us, they picked people who were a little more scholastic-oriented, and had higher MCAT scores and all that stuff, and then at the end of that experience, they said, "No, we don't like that, either". We really need the diversity of a class, and that social group who all ended up passing Part 1 of their boards, getting good residency slots, moving into their careers, is a really good idea. And so, for our generation in the medical school, we had what could be considered a very successful class because of the diversity that was in it.

KD: Good. And so, why did you pick to go medical school if you were business administration in your undergrad?

JA: Yeah. I grew up in the car business, my dad worked for Ford, and unfortunately, my dad and my brother got in a terrible wreck, when he was in high school and I was finishing high school, and in the course of taking care of my brother- and a year later he got really sick and almost died- I decided that I was going to go- to try for medical school. I went to Ohio State and did a business administration and pre-med major. The physicians at the time that I interacted with and that we knew said it was really good to have a business administration background, that won't hurt you. Frankly, I arrived at my senior year at Ohio State with an acceptance in medical school, and the opportunity to go and do masters work at Harvard. I had to make a decision and decided to go to medical school because I felt that that is what I was drawn to.

KD: That's amazing,

JA: Yeah, I didn't have anybody in health care in my family. So, I was the first one, and the first one from my family that went beyond undergrad. My older sister was the first in our extended family to go to college, and I was the first to go beyond undergrad. You know, it was a little nerve wracking, and business was a little less risky, but I was glad that I did what I did and I'm really happy that I went to Wright State.

KD: Yeah, I'm actually the opposite. The majority of my family is in the medical field, and I went straight to, like, history and archives and stuff, which I'm thankful for. And I'm definitely thankful I'm doing this project, because my family knows all the different terms and everything, so.

JA: Very good.

KD: Yeah, but how has, um, how have you seen the Boonshoft School of Medicine change over the years?

JA: Yeah, so, they have always had to be very diverse in how they did their work and administered themselves. Always having to dance between the hospital systems and Dayton, between opportunities at Wright-Patt and the VA, and at times having to kind of migrate towards one system or whatever. I think they have done exceptionally well in doing that dance, and being able to accommodate a community school in a place that doesn't have a university hospital and serving the needs of their students, preserving their reputation of being primary care and community based. That's very different. None the less, they've had very successful academic physicians and researchers and other things come out of the medical school. And the principles I learned, as I told you, of having to always be on your best game, going to different sites, learning different ways of approaching problems, has served me exceptionally well in my career, and I know in talking with other grads around me, they've done really well. They had the Boonshoft family offer to support them. You know that there's always been a worry about money in the school, I know they have to be respectful of that, because they don't have 100-year history and 100 years of benefactors giving them money. They maintained a very conservative campus, and, you know, the buildings have moved, et cetera. They have gone through really, really good department chairs and leaders who know how to run the programs that they're

supposed to run, and frankly haven't worried that they don't have a single university setting and that they need to provide unique experiences for their students because of that.

KD: I was just going to ask, do you keep up with any of your classmates?

JA: Yeah, we're a pretty tight class. We have a listserv. I'm kind of one of the curators of that, who keeps people in touch with each other. We enjoy our reunion events, and I have stayed active with the foundation and all that to make sure that we continue to serve the medical school.

KD: Very good. And any final comments you want to share about the medical school as one of the members of the first graduating classes?

JA: Yeah. The school needs to continue to evolve as healthcare evolves. And I think I've seen them do that. They now have the master's programs that they're associated with. They have done a number of experiments and focusing on certain areas of healthcare, but in many ways, it looks like they're best being a broad, clinical based medical school, rather than trying to focus on a single area, or a couple of areas of expertise. It is really nice that they interact with the community well. It's really nice that they've learned to interact with UD well, because UD provides another great opportunity to do things that aren't available at Wright State, including the research institute, and some of the engineering stuff that goes on. They have really served the Air Force well, I think they continue to serve the VA well, and they have really enriched the community in terms of what they've done to improve healthcare within Western Ohio.

KD: Very good. That's all the questions I have. I really do appreciate you with all the troubles we were having today.

JA: I'm sorry. I'm sorry, I apologize.

KD: It was me, too. I had to get a new computer and everything.

JA: Oh no *[laughs]*. You broke your computer? Or did I break your computer?

KD: I don't know what happened. It just like said the camera wouldn't work, and I didn't want you to be the only person on-screen, because that's weird, and so I had to get a new computer, but it's okay. We got all figured out. So, the next step is just to get me that signed consent form about the rights of the interviews.

JA: Okay, I have that available. I'll send it to you now, if you want it,

KD: That would be fantastic. Yeah, and we're just going to keep going on with the project. You'll probably hear more from, like, Angela and all that. So, do you have any questions about the project at all?

JA: I don't know what it is.

KD: So, it is... so, I am interviewing I think seventeen members of the first three graduating classes. Just the same questions that you are doing, and this is for the Boonshoft School of Medicine's big 50th anniversary project is what they wanted these for. So. they will have these online and available for anyone to see, just about your guy's experiences. So that is the basis of what it is.

JA: Okay. I didn't do much name dropping, Kirsten, I hope that's okay?

KD: That is totally ok. I wasn't really expecting, like-

JA: Other people will talk about individuals a lot, and I thought you wanted to keep it a little more broad than that.

KD: What you gave me was absolutely perfect. I really just am trying to find everyone's personal experiences of the medical school while you were there.

JA: Okay.

KD: Especially about the classes, because I'm doing '81, '82, and '83, and so I think I am going to find that every single class is going to be so different.

JA: Right, and that is how they had to arrange it at the very beginning, as the school itself, and the faculty, the core faculty, and the admissions committee all had to figure out how to make this thing work. There is no single cookbook that allows you to do that, and our class was a really important part of learning to put the cookbook together, so, happy to be there.

KD: And I think it's amazing that in only three classes they got to a full class. Because the first two were very small, and then the third one they got it to full capacity, which really shows how innovative they were.

JA: I think it was the fourth. I think our fourth class was the first one.

KD: Really?

JA: Yeah, I think the first one, John Lyman's class, I think numbered in the 30s and 50's then the 70's and then the 100's. And so I think the 4th, our class, was the first. But you'll know the history better than I do.

KD: I'm trying to. It's an ongoing process, but it definitely helps to have the interviews.

JA: Will you tap back if you need anything else?

KD: I will.

JA: Okay. You should have my signed form.

KD: Okay, I just got it. So, I appreciate that.

JA: Alright. Pleasure.

KD: Pleasure! Any other questions, you have my email, you have Angela's email, so just let us know.

JA: Very good. Happy Thanksgiving.

KD: Happy Thanksgiving!

JA: You take care. Bye, Kirsten.