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THE WRIGHT STATE UNIVERSITY
SCHOOL OF MEDICINE
ORAL HISTORY PROJECT:
AN ANALYSIS AND EVALUATION
BY
JAMES ST.PETER

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The Wright State University School of Medicine Oral History Project officially began on September 14th, 1983, the first day of classes in the Fall Quarter in academic year 1983-84. That is the first day that I started on what I will refer to herein as "the project." This was the undertaking that was to occupy the majority of my attention (with the exception of the intervening summer) for the next two years. The following paper is an analysis of that project.

In the course of this paper I will evaluate the project and its ensuing materials as they relate to the available documentary evidence on the history of the School of Medicine. I will also analyze the project's objectives and goals; its objective/operational themes, topical themes, and topics (developed in the course of the project); and the projects organization and operations, including the oral history techniques developed. Finally, I will assess the project in terms of its further successful application in its present form.

The original idea for an oral history of the School of Medicine emerged from a series of discussions in 1980-81 between Dr. Alvin Rodin, Chairman of the School of Medicine's Department of Postgraduate Medicine and Continuing Education, and Mrs. Mary Ann Hoffman, Coordinator of Special Collections and Services in the Wright State University Health Sciences Library. Mrs. Hoffman began planning for the project the following year. She began discussions with Dr. Charles Berry of the Wright State

University History Department in the winter and spring of 1983. Dr. Berry agreed to act as trainer and resource person to the project. Mrs. Hoffman and Dr. Berry also discussed details of the proposed grant application to be sent to the Dean of the School of Medicine, including funding requirements for purchase of materials and travel, the number of subjects to be interviewed, the time frame of the project, the training requirements for the project coordinator/interviewer, and the writing of the project proposal itself.

Mrs. Hoffman decided to structure the project around a two-year graduate assistantship in history in the Special Collections Department of the Health Sciences Library. She submitted the proposal to Mr. Jack Groves, Associate Dean for Administration in the School of Medicine, and from there to the Dean, in the summer of 1983. The project was approved and funded; \$13,700 was allocated over a two year period. Mrs. Hoffman began interviewing for the project's coordinator and interviewer two weeks before the beginning of Fall Quarter, 1983. A copy of the Grant proposal is included as appendix one.

I was hired as the graduate assistant coordinator/interviewer/processor for the project. As outlined in the project proposal, I was to spend the first quarter in preparation for interviewing. This included learning oral history techniques and researching the history of the School of Medicine and the backgrounds of the persons to be interviewed. The next five quarters were to be spent scheduling interviews, conducting the interviews, and editing and indexing the tapes. The following two years were to provide me with an invaluable education

in oral history.

What is oral history? Louis M. Starr, Director of the Oral History Research Office at Columbia University (the seminal program in organized oral history in the United States) described oral history as "primary source material obtained by recording the spoken words--generally by means of planned, tape-recorded interviews--of persons deemed to harbor hitherto unavailable information worth preserving."¹

Oral history has several advantages over documentary history and several disadvantages. Oral history can convey personality, explain motivations, reveal inner thoughts and perceptions; serving scholars in much the same way as private letters and diaries. However, oral history consists of memories and recollections, and such are fallable; ego distorts them, and contradictions sometimes go unresolved. Yet problems of evaluation are not much different from those inherent in the use of letters, diaries, and other primary sources.

The Wright State University School of Medicine Oral History Project set out to "record and preserve the history of the School of Medicine by capturing the founding fathers on audiotape and videotape." So went the project description in the proposal submitted by Mrs. Hoffman. Two years and seventy-two interviews later, the first phase of the project which has been under my coordination, is essentially complete. With the final completion of indexes, summaries, and release forms for the last few interviews, the project will be finished. What has been produced in the course of this project, is I think, something special.

ANALYSIS OF THE PROJECT

Two questions confronted me and had to be answered before I could begin interviewing. The first question was how to determine the scope of the project. What was the period that the project was to cover? The second question dealt with thematic objectives, which had not been clearly defined in the project documents. Determining the scope of the project was easy, the second problem was not.

Considering the dearth of documentary evidence on the community discussions on the feasibility of establishing a medical school in Dayton, I decided that I would try to work-back as far as I could to trace the earliest discussions on the School of Medicine. Dr. A.V. Black proved to be the narrator with the earliest recollections in this chronological direction. At the end of the chronological scale, I decided to bring the history of the School of Medicine as far up to date as I could; to include as much of the tenure of Dean William D. Sawyer as possible. With the anticipated time-lag of four or five years between my phase of the project and phase two, I wanted to provide as much current historical data as was feasible given my limited amount of time. The inclusion of Dr. Sawyer's tenure also enabled me to explore the transition in leadership in the School of Medicine and its effect upon the school. This emerged as one of the major historical themes of the project.

When I began training in oral history during my first quarter on the job, I quickly realized that project planning had not focused on thematic objectives. Thematic objectives

are the historical perceptions and points of view that the historian seeks to express through his interpretation of evidence. Thematic objectives ask questions of the topics and evidence. What aspects of the history of the School of Medicine should I concentrate on? There were few primary documents available for "briefing" use and little time in which to generate significant research using the School of Medicine's official records. Only one history of the School of Medicine, existed, a short seventy-one page history of the School of Medicine's development written by Dean Beljan.² This work became my guide. My study of the document provided a general overview of the School of Medicine's history as well as primary topical categories which I felt could be enhanced by the collection of oral material. My purpose was not to recreate orally the School of Medicine's history--oral history is not that precise--but rather to supplement the current documentation, as noted in the project proposal. I developed these ideas into my objective/operational themes.

There were four of these major objective/operational themes. Objective/operational themes would serve two purposes. The first is that they would serve as project objectives. They would provide broad questions that I could use the interviews to answer. In that way the project could be kept focused. The second purpose was operational. The themes could also serve as points of separation for the topical themes of the interviews. They would also serve as "boundaries" for the interview outlines. By viewing each interview in terms of how it would fulfill these operational themes, I kept the interviews

from digressing from the topics that I wanted to cover. Three of these themes were historical and one was descriptive. Together they also formed the framework for the development of many more topical themes. The first historical theme was the "community support" theme. Using this theme, I could trace back the pattern of continuing community support first for the establishment of a medical school in Dayton, and then for the development of the Wright State University School of Medicine. I could also use it to discuss continuing community support for current School of Medicine operations, especially that provided by medical institutions affiliated with the school.

The second theme was also historical, and I called it the "leadership" theme. This theme focused on two groups of individuals, those who drafted the original proposals for the school and who struggled to see those plans come to fruition, and those who were recruited to operate and develop the School of Medicine following its establishment. This theme was not developed at the beginning of the project as a historical objective. It surfaced early in the course of the interviews, as a kind of "common denominator" to describe the vision, energy, and determination of these individuals. The effects of this determined leadership can be seen in today's School of Medicine.

The third major theme was a descriptive one, one which I soon determined to be very important to any historical examination of the school. I made it a point in my first series of interviews to have my narrator (Dr. Beljan) describe as much as possible the terms and organizations and functions associated with a medical school. This assisted both researcher

and subject in dealing with key aspects of the School of Medicine's development, such as the Liason Committee on Medical Education (LCME), the organization whose accreditation function impacted the school throughout its development. This descriptive theme also aided in the development of the "interview models" which I feel are important in terms of phase two of the oral history project, and of which I'll speak more later. Use of the descriptive themes assists both the researcher, who may not be familiar with the workings of a medical school, and the medico in using this project's materials. Finally, the use of descriptive themes facilitated analysis of the evolution of the School of Medicine--the last major historical theme.

One of the questions that I set out to ask as an objective/operational theme was whether or not the School of Medicine had, in fact, completed the period of dynamic and rapid growth which characterized its first six years of existence. Did the change in leadership that occurred when Dean Beljan departed and Dean Sawyer arrived produce a shift in development philosophy in the school? How did the relationships between the School of Medicine and its affiliated medical institutions change as the pace of the school's development changed? This "evolutionary" theme permitted me to examine areas of the medical school in terms of their change and development over time. The theme also helped me move into other topical areas to describe their growth. Finally, the evolutionary theme served well as the means of transition from descriptive to historical questions in the interviews.

Such themes proved very helpful in both a functional way, as I moved from topic to topic. They served as fixed historical reference points around which I could either build upon and corroborate the written record with new evidence, or depart from, to explore topics not mentioned in the documentary record. For instance, when I interviewed Dr. Robert D. Reece, Chairman of the Department of Medicine in Society in the School of Medicine, I utilized all of the four objective/operational themes. I interviewed Dr. Reece three times. In the first interview Dr. Reece discussed his education and background prior to coming to Wright State University (the "leadership" theme). He also recalled the discussions leading to the establishment of the Department of Medicine in Society ("evolution" theme). He examined the development of the department, focusing on his priorities of curriculum and staff development ("evolution" and "community support" themes).

In the second part of the first interview Dr. Reece discussed the curriculum of the department and how the department impacts the medical student ("descriptive"). Elements of the curriculum discussed in detail are: the core courses of the department; the department's selectives; and department participation in correlation sessions and grand rounds ("descriptive").³

In the first part of the second interview Dr. Reece continued his examination of the development of the curriculum of his department ("evolution" theme). In specific, Dr. Reece looked at the Weekend Intervention Program, its development by Dr. Harvey Siegal, its operations, and its success (a mix of

the four themes are used here).

The second portion of the interview deals with a discussion by Dr. Reece of the impact of the two Deans (Dr. John R. Beljan and Dr. William D. Sawyer) on the School ("leadership" and "evolution" themes). Dr. Reece then considered the perception of the university community towards the School, and how that perception has affected the integration of the School into the overall university community ("community support" theme).

In the final portion of the interview Dr. Reece discussed his thoughts on the future of the Department and of the School, and began a discussion on some of the key individuals in the establishment and development of the School ("evolution" and "leadership" themes).⁴

The third interview is a continuation of the "leadership" theme discussion.⁵

After devising the first of the four objective/operational themes, I considered my approach to the specific areas in which I wanted to obtain detailed information on. I decided to use topical themes. If you can picture the objective/operational themes as the broad divisions of the project, the topical themes are sub-divisions, a way of focusing my approach even more. Each of these would be smaller in scope than the larger objective themes, but would serve to expand upon the objective themes so as to make the end-project a clearer, closer look at the history of the School of Medicine.

There are ten of these topical themes, divided into two basic groups; those dealing with the origin and establishment of the School of Medicine, and those focusing on develop-

ment of the School of Medicine itself. The point of separation of the two I determined to be the arrival of Dr. John R. Beljan as founding Dean of the School. The ten topical themes are: 1) origins of the school; 2) the proposals for the school; 3) the political struggles over the school's legislative authorization; 4) community/institutional support for the school; 5) organizational development; 6) faculty/staff development; 7) program development; 8) the leadership of the Deans; 9) accrediting the school; and 10) integration of the school into the different communities (university, region, and state).

These ten topical themes in turn served to organize 138 topics. The topics ranged in scope from the broad categorical subjects (the development of the internal committee structure of the School of Medicine) to narrow, focused ones (the composition of the Department of Medicine in Society's Advisory Committee for Curriculum Development).⁶ See appendix three for list of topics. Topical themes also assisted in the establishment of the interview models, which will be discussed later. The first 49 of these topics were developed before my six interviews with Dr. John R. Beljan, the remainder were developed while researching subsequent interviews. Some of the topics were touched upon in a large number of interviews, some were only discussed once in a single interview.

Such topics are the heart of the oral history. They corroborate existing historical data (in the documentary evidence or in previous interviews) or to add new information to the historical database. It is in the exploration of these topics in the tapes of the project that the serious researcher

can supplement his evidence, and even the casual listener can learn more about the school.

PROJECT OPERATIONS

The data produced by the project consists of audiotapes of interviews with twenty-four individuals. These respondents included state legislators, practicing physicians, members of the University and School of Medicine staff and one student. Specific narrators included Wright State University President Dr. Robert J. Kegerreis and the former Dean of the School of Medicine, Dr. John R. Beljan, and the current Dean of the school, Dr. William D. Sawyer. A complete list of narrators is shown in appendix two. Narrators were chosen primarily on the basis of their involvement with the founding and development of the School of Medicine, and secondarily on their proximity to Wright State University and their availability for interviewing.

Interview order reflected availability; Dr. Beljan, Mrs. Beljan, and Dr. Kolmen were my first subjects because they were scheduled to leave Wright State University and the Dayton area shortly after the start of the project. Indeed, Dr. Beljan's departure in November, 1983 resulted in my having to cut my pre-interview research time in half in order to prepare and execute my interviews with him and his wife. In addition to the criteria described above, some of the project narrators were chosen because their tenure at the School (several had been in the School of Medicine since its founding).

Others, like Dr. John J. Halki, were chosen because they illustrated some unique feature of the school's development and/or organization. Dr. Halki exemplified several of the project's themes: The Air Force/School of Medicine connection; and the descriptive, departmental model theme.⁷

Each interview was scheduled to last approximately sixty minutes: some went as long as ninety minutes, and one as few as thirty minutes. All were recorded on audiotape cassettes. No videotapes were made, despite the project's initial intention to do so. After the interview, each audiotape was duplicated, labelled, indexed and summarized. There were seventy-two interviews in all, with some narrators being interviewed only once and some as many as six times. The average interview series required three sessions. None of the interview series went the ten hours predicted in the project proposal. There were several reasons for this discrepancy. Due to the foreshortened research period, I did not have the documentary material to generate more than six hours-worth of questions for my first narrator, Dr. Beljan. In addition the subsequent pace of the project, coupled with difficulty in scheduling some of the narrators, left me with little time for background research.

The processing time for a one-hour interview was two and one-half hours. After writing-up the interview summary and index, I would send the handwritten material to Mrs. Hoffman to be typed by a student-worker. Then I proofread the typed documents and again sent them to Mrs. Hoffman's student to be copied. Taped interviews are labor-intensive--

more labor intensive than predicted in the project planning. Although the work plan called for twenty hours per week to be spent on the project, I averaged thirty-seven hours per week.

Oral history interviews are challenges to the schedule. The interview schedule for the project changed weekly, sometimes daily (as I either found new interview times or scheduled interview times were cancelled). The nature of the subjects' professions--physicians, administrators, politicians, educators--made them subject to last-minute changes in schedule. I distinctly remember meeting one subject--a retired physician--at 5:00 a.m. in a donut shop in Centerville to get him to sign his releases the morning of his departure to Canada for a two-week fishing trip. Another narrator cancelled out eight times before I could finally bring him to bay for an interview. Confusion on my part in scheduling also resulted in my missing an appointment or three.

Each interview required four to five hours of background research. I would spend this time reviewing old tapes or written documents, going over previous interview indexes and summaries, and preparing my interview outlines (depending on which interview model I was going to be using). These interview outlines represented an evolution in my ability as an interviewer to prepare questions for each interview.

When I trained in oral history techniques and historiography under Dr. Charles Berry in History 718, we were taught to write our interview questions on 3 x 5 cards, one question to a card. In my first three interviews with Dr. Beljan, I used this technique. I found out, however, that this use of

cards in sequential order had a drawback in that I little flexibility in the order of questions. They were also cumbersome to use and took too much of my attention. So I started working up interview outlines instead. The outlines let me list my topical objectives for that particular interview, but gave me the flexibility to digress from the sequence of questions when necessary. Using an interview outline does require more concentration on my part, coupled with the ability to think fast when sudden changes in direction occur in the interview, but the increase in flexibility is worth it.

Interview "models" evolved from my early project interviews. Midway through the project I determined that due to time constraints I could not hope to interview every head of every office and department in the School of Medicine. I therefore decided to limit in-house interviews to those individuals who had been with the school since its founding, plus Dean Sawyer. I also anticipated phase-two and decided to work out an interview structure which I could use in my interviews and which could be replicated by the phase-two interviewer. I developed five interview models, each of which examined a different function within the School of Medicine: 1) the academic department model; 2) the clinical department model; 3) the academic program model; 4) the administrative office model; and 5) the support division/auxiliary services model. Hopefully, the next project coordinator/interviewer will be able to use these models to achieve a uniformity of approach to the structure of the school in future interviews.

Users will access project material through the cassette

recordings. The user will check out a audio cassette tape-player; a cassette-storage-binder; and a packet containing typed copies of the interview index, summary, interview release form, a copy of the narrator's curriculum vitae or resume, and a photograph of the narrator. The user will be able to read the index, which is indexed by tape counter, while listening to the tape. A copy of every interview is on-file in the Special Collections Office of the Health Sciences Library. Only the "public" copy will be handled by the library user.

Public access to any taped interview hinges on the release of the material by the narrator. Most oral history projects submit a written transcript of the tape to the narrator, but limited project resources prohibited transcription. Narrators reviewed the tapes along with typed copies of the index and summary after which they signed the release form (a copy of which can be found in appendix four). Narrators have the right to either 1) release them entirely without restriction, 2) restrict them entirely for as long as he/she wishes, or 3) restrict all or part of them for a limited period of time. At the time of this writing, none of the narrators have opted to restrict their interview material.

EVALUATING THE PROJECT

Anyone evaluating an oral history project must ask three basic questions. First, how sound is the evidence presented? Second, is the project a thorough one? Third, is the information really needed, or is it superflous and

and redundant?

In the case of the Wright State University School of Medicine Oral History Project, the materials generated present a relatively sound mass of evidence. For a project that is perhaps half-completed the data found in the tapes and the subsequent indexes and summaries provide a solid base for future research. The "narrative accounts" corroborate each other. The objective/operational themes have proven effective in accessing the historical evidence on the School of Medicine's establishment and development, and the data is not at variance with the existing documentary materials reviewed during the research phase of the project. I realize that much of my judgement of these materials as historical sources may be subjective, but the materials fit the overall pattern of evidence. There are a few isolated examples that digress from the major themes, but they are perhaps exceptions that prove the rule. Project narrators present credible recollections and observations. They cannot (and should not) be equated to transactional records, such as contracts or treaties, or deeds, but when judged in terms of oral history criteria, the project's materials are relevant and make sense.

The second question addresses the thoroughness of the project. If evaluated in terms of the evidence produced thus far, the project is not a thorough one. However, given the scope of the project, the amount of time available and the lack of documentary evidence, the material generated meets "phase one" requirements for thoroughness. With the multitude of historical sources that were available to be culled for evi-

dence, no two-year, twenty-hours-per-week (or forty hours-per-week) project could cover them all in-depth. Here is where the question of selectivity and the historian's use of the sources come into play. I had to choose my narrative sources carefully, in terms of both potential content and the amount of time that I could spend with them. There are gaps in the oral and documentary history of the school yet, but those can be addressed in phase two of the project. The project, however, has laid the groundwork for future research and established a basis for integrating documentary and oral evidence.

The interviews reflect the "enrichment" possibilities inherent in oral history for candor and spontaneity. They contain opinion and conjecture as well as corroborative and new evidence, but these areas are well marked, and even the unwary listener will not confuse one with the other.

The third and final question involves the ultimate value of the project to the historical record. The answer is an unequivocal yes. The materials generated by the project have substantially expanded the amount of evidence on the history of the School of Medicine. They provide a unique perspective on institutional past of the school, a dimension that deserves preservation and retelling. The project has preserved the personal and emotional components of the School of Medicine's history that the documentary evidence cannot capture. In the project's materials are interviews that reflect the determination of the Dayton community to bring a medical school here. The project captures for the historical record the excitement of a small group of university administrators

and educators putting together the plans for the establishment of a medical school at a very new university. The interviews give a clear, sharp picture of the political sagacity of the Dayton-area legislators who forced an unwilling governor and state legislature to authorize the School. Finally, you can't help but be impressed by the creativity and expertise of the men and women described in the tapes who were responsible for the building of this community-based institution.

Oral history preserves that personal factor, with its accompanying richness of detail and description. The commentary on the School's development that was generated by the project's narrators alone should be worth the monies expended on the project. These were the builders and developers themselves commenting on their handiwork. The project is an outstanding example of the ability of oral history to capture a period of time, presenting it on tape for future research and analysis.

Though the project is incomplete, there are gaps that need to be filled in the evidence. There must be a Phase-two. It seems appropriate at this point in the project to discuss the character and methodology of this "next step."

There are specific recommendations which I feel should be considered in planning and implementing the next phase of the project. They concern objectives, methodology and administration.

A primary concern involves the need for carefully defined objectives set for phase two. The vast majority of the groundwork for the project has already been done, the next phase should be more focused in its approach, especially to

the areas of the School of Medicine that should be addressed. The Project Director should sit down with the coordinator/interviewer(s) and develop the objective themes to be treated during the next phase. They should either adopt and elaborate upon the objective/operational themes of phase one (and challenge these themes in terms of their continuing validity), or generate new themes to be explored and new methods with which to explore them.

Several areas of the School of Medicine's development should be examined in greater detail. These areas can shed new light on the existing evidence and/or open up fresh areas of inquiry. An example of such a new area of inquiry would be to trace the development of the School of Medicine from the perspective of one (or several) of the area hospitals which have signed affiliation agreements with the school. Three possibilities are Miami Valley Hospital or Children's Medical Center in Dayton and/or Greene Memorial Hospital in Xenia. The narrators might be the past or present Directors of Medical Education in these institutions.

The longstanding history of cooperation, affiliation, and integration between the School of Medicine and the Veterans Administration's facility in Dayton should also be investigated. The Director or Chief of Staff of Brown Hospital at the Veterans Administration would be the logical narrator, as would the School's Assistant Dean for Veterans Affairs.

Another area that I wanted to explore further, but never had the time to investigate was the impact of the School of Medicine on its first students. There are several of these

doctors who graduated with the School's first class who are working with the School. Interviews should be done with these individuals, as with any other graduates from the School's first class.

An integrated residency program should be explored in-depth in phase two. Residents should be interviewed. A residency program that has as many institutions as possible integrated into its activities should be the focus. Two possibilities are the Emergency Medicine Residency (located at six area hospitals), and the Surgery Residency (located at three area hospitals, Wright-Patterson Air Force Base's Medical Center, and the Veterans Administration's Brown Hospital). Two smaller (and therefore easier) possibilities are the Psychiatry Residency (located at two area hospitals, Wright Patterson Air Force Base, and the Veterans Administration), and the Dermatology Residency (located at one are hospital, Wright Patterson Air Force Base, and the Veterans Administration).

An in-depth examination should be done of the institutions that have merged with the School. These institutions are the Cox Heart Institute, the Fels Institute, and the Bob Hipple Laboratory for Cancer Research. One of these decided to part from the School, one has gone defunct, and one remains a part of the School.

Finally, any of the departments, groups or divisions of the School of Medicine would be worth examining in terms of their function, growth, and future in the School's operations. Use of the appropriate interview model from those I have developed would make the approach to these series a fairly simple

undertaking.

The second phase of the project should incorporate specific evaluation periods during the interview process. This may mean less material is gathered. The pay-off will come later in terms of the enhanced focus of the project's approach and more coherent, focused material. In phase one of the project, there was not enough time to sit back and look at what had been done in terms of developing themes and approaches. This evaluation should involve the Director, the coordinator/interviewer and the History Department advisor. Both Mrs. Hoffman and Dr. Berry were available when I had a problem, but there wasn't time for an overall review. Time can be made for such a review by down-sizing the scope of the next phase to give more time for evaluation and research or by employing two coordinators/interviewers to work on phase two. In my opinion, both should be done.

Reducing the scope of the project would not be difficult. Instead of the "shotgun approach" as used in phase one, the next phase could concentrate on one or two specific areas of the School of Medicine's development. Objective/operational themes could be used to focus the approach. The project would maintain its two-year term, with a two-week period of review (and if need be) reorientation and new research separating the interview-years.

Project staffing should be increased to two researchers/coordinators/interviewers/processors instead of just one. There is simply too much detailed work for one person to do, especially in light of academic requirements. These students will need to

share the responsibilities for all aspects of the project; researching, scheduling interviews, interviewing, and processing the interviews. There should be an equal division of work so that both students maintain their familiarity on the oral history interview process and the material being collected. Just having someone else there who knows what you're going after and whom you can compare notes with would help immensely. The utilization of another student will increase project expenses but the quality of the final product will definitely be improved by the expenditure.

The funding level of the project should be increased. The phase one budget totalled \$12,700. Of this, \$6,600 was allocated for the assistantship, \$3,420 was set aside for the fee waiver, and the remainder going toward supplies and travel. Phase two's budget should include \$13,500 for assistantships, \$7,000 for fee waivers, and \$5,000 for supplies and travel. Considering Phase-One was brought-in under-budget by approximately \$2,000, a total of \$25,000 should be enough to budget phase two. Money for transcribing phase-one tapes might come from a grant proposal generated by Mrs. Hoffman in the Special Collections Office of the Health Sciences Library, since her office controls the tapes.

The tapes from phase one should be transcribed. It is standard practice in virtually every program that I have seen or read about that the tapes be transcribed, either verbatim or with as few editorial changes as possible. The tapes, although useful now, would be more easily accessible (user-friendly) in transcript. Seventy percent of all requests for

oral history material nationwide are written transcripts. Most researchers prefer to see the material before them in black-and-white.

CONCLUSIONS

The Wright State University School of Medicine Oral History Project embodies the classic virtues, flaws, and functional characteristics of the first-time oral-history project. What has been produced is a quality product, but as in all oral history projects, it can be improved upon.

The project proposal overestimated what could be accomplished in the timeframe allowed for the project. The number of interviews per person and the total number of tapes both proved to be lower than anticipated. The videotaping never took place at all. Some of the individuals listed as potential narrators in the project proved to be unavailable to interview. The next phase of the project should be more realistic in its scope.

The project's timeframe did not allow enough research time at the beginning of the project, nor did it allow enough evaluation time during the course of the project. The interviewers must know as much historical data on the School as possible before going into the interview. Transcribing the existing tapes would expand tremendously the amount of information available to the next interviewer(s). Future planning should also incorporate evaluation time into the project timeframe.

There were no thematic objectives laid out in the planning for the project. Phase two must have these objectives so as to avoid unnecessary duplication of effort and to provide the framework for a more efficient and disciplined approach to the existing material. These objectives should expand upon the current body of evidence into areas where there is new or corroborative data.

The time figured into the project's timeframe for processing the interview materials must be increased. The indexes and summaries generated by the interviews proved much more-time consuming than anticipated. The signing of the releases also proved to take longer than originally planned.

The project has, however, vastly expanded the amount of historical evidence on the School of Medicine's history and the roles of the men and women who established and nurtured the School throughout its history. The project's materials provide an excellent base for future research.

The interviews of the project have established the broad historical themes around which future interviews can further expand our knowledge of the School's history. There is a great deal more to be done. There are new themes to be developed. The School is seeing its research functions begin to grow. The research theme is only one of the several new areas that the project can "uncover" and illustrate.

The project has resulted in the accumulation of the knowledge of the methods and techniques of oral history by the project's staff. This paper is only one manifestation of

what has been learned. All first-time oral history projects make some mistakes. What must be done is that the knowledge gained from these mistakes must be applied to the next phase of the oral history of the School.

By examining the considerable amount of materials generated by the project, a clearer idea of what aspects of the School's history need to be explored next can be generated. Use of the interview models developed by the project will assist in the next phase's research and interviews.

The observations and recommendations listed above are important products of the project. But the most important product of the project is the human element of the School of Medicine's history that has been "captured" by the interviews. The history of the School is not money, and buildings, and programs, but people. The people who lobbied for and planned for and built the School, and those who have been educated by it--those are the most important aspect of the School's history, and this human element is what the Wright State University School of Medicine Oral History Project is all about.

ENDNOTES

¹Louis M. Starr, "Oral History," in Oral History: An Interdisciplinary Anthology, eds. Willa K. Baum and David K. Dunaway (Nashville: American Association of State and Local History, 1984), p. 4.

²John R. Beljan, "Wright State University School of Medicine," paper presented at the Macy Conference on New and Developing Schools, New Orleans, Louisiana, 18-20 October, 1977.

³Interview with Dr. Robert D. Reece, Wright State University, School of Medicine, Dayton, Ohio, October 31, 1984.

⁴Interview with Dr. Robert D. Reece, Wright State University, Dayton, Ohio, November 7, 1984.

⁵Interview with Dr. Robert D. Reece, Wright State University, Dayton, Ohio, December 5, 1984.

⁶A committee composed of faculty from the university community who discussed proposed curriculum topics for the department. Interview with Dr. Reece, November 7, 1984.

⁷Dr. Halki served thirty years in the Air Force, rising to the rank of Brigadier General. His last two assignments were as the Commander, Wright-Patterson Air Force Base Medical Center, and as Medical Inspector-General of the Air Force (the position from which he retired to come to the Wright State University School of Medicine).

Appendix I

WRIGHT STATE UNIVERSITY HEALTH SCIENCES LIBRARY

Proposal for School of Medicine History

The Health Sciences Library is interested in establishing a graduate assistantship in history in the Special Collections Department of the Health Sciences Library beginning the Fall Quarter 1983.

The purpose of the assistantship would be to record and preserve the history of the development of the School of Medicine by capturing the founding fathers on audiotape and videotape. These tapes would enable future scholars and researchers to not only see but also hear these individuals describe the significant events that took place within the state, city, and University that led to the founding of the School of Medicine. This method of documenting the School of Medicine history will provide documentaries that can be used for research, teaching, and public relations.

A full list of proposed interviewees is in Appendix I. It includes state legislators, practicing physicians, members of university boards of trustees, presidents of universities, the first Dean of the School of Medicine and some of the first staff members of the School. Many of these persons are located on the University campus or in the Dayton area, while the remainder are elsewhere within the state.

The bulk of the interviews will be recorded on audiotape. A final one-hour videotaping of the major figures is planned at the conclusion of the interview. Interviews with the principals will take 15-20 hours. These interviews will be broken up into a number of sessions. The minimum interview with the lesser figures will be about 5 hours. The graduate assistant will edit and then index the tapes when the interviews are concluded. There are no plans to transcribe the tapes at the present time as this is a very costly and time-consuming process. Release agreements will be obtained from each interviewee.

A typical graduate assistantship in history consists of two nine-month appointments, with 20 hour workweeks. A selection committee of Charles R. Berry, Ph.D., Professor of History; Mary Ann Hoffman, Coordinator of Special Collections and Services, Health Sciences Library; and Audrey J. Kidder, Health Sciences Librarian, will be responsible for the selection of the graduate assistant. The first quarter of the assistantship will be spent in preparation under the guidance of Dr. Berry.* This preparation will include studying the principles and theory of oral history; history of the School of Medicine;

*Dr. Berry has extensive experience in the field of oral history, teaching courses in oral history at Wright State University and working on oral history projects with victims of the Holocaust.

and backgrounds of the persons to be interviewed. The final step of the preparation process will be the development of objectives and questions for each of the interviewees. The remaining five quarters, under the supervision of Ms. Hoffman, will be spent scheduling interviews, equipment, and studios; conducting the interviews; and editing and indexing the tapes.

The interviews will begin Winter Quarter 1984 with those persons scheduled to be interviewed the first year. Persons may be added or deleted from the list if it seems appropriate. The order of interviews is to be determined by the graduate assistant in consultation with Dr. Berry and Ms. Hoffman.

Every effort will be made to conduct the majority of the interviews in the Wright State University recording and television studios. Utilization of the campus studios will ensure higher quality sound and pictures. However some of the proposed interviewees may grant the interview only if it's conducted off campus.

The budget, Appendix II, consists of the salary for the assistantship including the customary fee waivers; supplies; and an amount for local travel. The travel expenditures will follow the established University guidelines. There is no charge for the use of the campus television studios or A/V equipment.

We hope it will be possible to fund this program. Some of the principals, like Frederick A. White, have died. Some of the early organizers of School of Medicine departments have moved to other parts of the country. Now is the time to obtain these records of the remaining principals before they too move on. It is a unique opportunity for the Medical School to begin recording the collected memories of those whose contributions led to its establishment.

MAH/klm
4/1/83

(Appendix I)

Persons to be Interviewed

Year One

John R. Beljan, M.D.
Robert T. Conley
Richard DeWall, M.D.
President Keggereis
C.J. McLin
Oliver Ocasek
Ed Spanier
Clara Weisenborn

Year Two

A.V. Black, M.D.
David Buzzard
Carl Jenkins, M.D.
Virginia Kettering
J. Lindower
Thelma Fordham Pruett
William D. Sawyer, M.D.
B. Stuhlman
R. Suriano
Frederick N. Young

Other possible interviewees

Larry Christman
Robert Finley, Jr., M.D.
Thomas Fries
Brian Hutchings
Melvin A. Johnson
Paul Leonard
President Newsom
Robert S. Oelman
Leo A. Palmer, M.D.
Andrew Spiegall
Charles Vaughn
C.K. Williamson

(Appendix II)

Budget

Year I

Assistantship	\$3250
Fee Waiver	1710
Supplies	
Audiocassettes ¹	240
Videocassettes ²	500
Miscellaneous	100
Travel	<u>500</u>
Total	<u>\$6300</u>

Year II

Assistantship	\$3350
Fee Waiver	1710
Supplies	
Audiocassettes ¹	240
Videocassettes ²	500
Miscellaneous	100
Travel	<u>500</u>
Total	<u>\$6400</u>

1. 120 90 min cassettes @ \$2.00 each.

2. 20 60 min. videocassettes @ \$25.00 each.

Appendix II

NARRATORS IN THE WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE ORAL HISTORY PROJECT

Narrators

Year One

Dr. John R. Beljan
Dr. Samuel N. Kolmen
Mrs. John R. Beljan
Dr. David B. Buzzard
Dr. Lionel Newsom
Dr. Robert A. Stuhlman *
Mr. Raymond A. Palmer
Ms. Regina A. Borum
Dr. J. Robert Suriano *
Dr. Richard A. DeWall
Dr. A.V. Black
Mr. C.J. McLin

Year Two

Dr. William D. Sawyer
Dr. Robert J. Kegerreis
Dr. Robert D. Reece
Dr. Edward J. Spanier
Dr. Alvin E. Rodin
Dr. John O. Lindower
Ms. Susan H. Williams
Dr. John J. Halki
Dr. Robert J. Conley
Mr. Paul R. Leonard
Ms. Debra Richardson
Mr. Douglas R. Durko

* These individuals' interviews carried over into the second year.

Appendix III

SPECIFIC TOPICS DISCUSSED IN THE WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE ORAL HISTORY PROJECT

- * background on each individual
- * why they came to the School of Medicine
- * interactions between individuals
- * interactions between institutions
- * the community-based medical school
- * the political struggle to gain approval for the School of Medicine
 - * -interaction between Northeast Ohio and Dayton
 - * -the role of the governor
- * the search process for the Deanship
- * the impact of Public Law 92-541--Veterans Administration for the School of Medicine
- * the concept of family medicine and its importance in the School of Medicine's design and development
- * the School of Medicine and the University
- * faculty recruiting/development in the School of Medicine
- * the moves of the School of Medicine Staff
- * the organization of the School of Medicine
- * curriculum development
- * the committee structure in the School of Medicine
 - * -the Executive Committee
- * the affiliation agreements of the School of Medicine
- * University Medical Services Association
- * the roles of the Assistant/Associate Deans in the School of Medicine
- * Wright Patterson Air Force Base/Wright State University School of Medicine interaction
- * the role of the county medical societies
- * the private endowments to the School of Medicine
- * the mergers of the School of Medicine with other institutions
- * the impact of the Liason Committee on Medical Education (LCME) on School of Medicine design and development
- * the graduate education functions of the School of Medicine--the integrated/affiliated residencies
- * integrating the School of Medicine into the university
- * thoughts on the future of the School of Medicine
- * the matrixing of the faculty between the School of Medicine and the Department of Science/Engineering
- * the Physiology Department
- * development of the School of Medicine bylaws
- * the non-tenure system of the School of Medicine
- * policy-making in the School of Medicine
- * interaction with Dean Beljan
- * interaction with Dean Sawyer

- * minority programs of the School of Medicine
- * the Office of Admissions/Student Affairs
- * the Biomedical Ph.D. Program
- * the Department of Communications in the School of Medicine
- * interaction between the School of Medicine and the media
- * the School of Medicine Development Office/School of Medicine fundraising
- * the Laboratory Animal Resources Program
- * the Interdisciplinary Teaching Laboratories Program
- * the Health Sciences Library
- * development of the School of Medicine's facilities
- * the development of the Health Sciences Library Consortium
- * the acquisition of the Ross McFarland Collection for the Health Sciences Library
- * interaction with Central State University
- * early discussions on the feasibility of a medical school in Dayton
- * pre-School of Medicine residency programs in Dayton
- * precedents for a community-based medical school
- * first Wright State University--based School of Medicine proposals
- * role of the Montgomery County Medical Society in School of Medicine establishment/development
- * the School of Medicine admissions policy
- * the School of Medicine Admissions Committee
- * interaction with Miami University
- * the medical student attrition rate
- * the Interim Committee on Higher Education (established 1957)
- * the Patterson Report
- * the growth of the Dayton area medical community 1950-present
- * area medical institution development
- * The Steering Committee to Investigate the Feasibility of Establishing a Medical School in Dayton--"The Dooley Committee"
- * the future of the School of Medicine
- * the McLin/Leonard Bill
- * the School of Medicine and the Black community
- * the primary-care focus of the School of Medicine
- * the Drew Health Center
- * progressivism in medical education
- * the second Dean's search
- * the search for a founding Dean
- * the establishment and development of Wright State University
- * the administration of Wright State University President Robert J. Kegerreis
- * the administration of Wright State University President Brage Golding
- * the administration of Wright State University President Frederick A. White
- * the role of the Wright State University Board of Trustees in the School of Medicine development
- * the Department of Medicine in Society
- * the Weekend Intervention Program
- * School of Medicine curriculum--Correlation sessions
- * School of Medicine curriculum--Selectives

- * School of Medicine curriculum--grand rounds programs
- * School of Medicine curriculum--orientation programs
- * the impact of the medical education process on the medical student
- * the Armed Forces Scholarship Program
- * the National Residency Matching Program
- * the Joint Advisory Committee
- * the Office of Vice President for Health Affairs Planning
- * the Office of Vice President for Health Affairs
- * the Northeast Ohio Medical School Consortium
- * the Ohio College of Medicine at Toledo
- * the Wright State University--Central State University--Miami University School of Medicine Consortium
- * the Ohio Board of Regents
- * the Office of Administration in the School of Medicine
- * the "Dean's Plan"
- * the financial structure of the School of Medicine
- * the Department of Postgraduate Medicine and Continuing Education in the School of Medicine
- * the role of the hospital Director of Medical Education
- * faculty evaluation in the School of Medicine
- * faculty instructional development in the School of Medicine
- * the Department of Pathology in the School of Medicine
- * the academic standards of the School of Medicine
- * the remediation procedures of the School of Medicine
- * the grading system of the School of Medicine
- * grade appeals policy of the School of Medicine
- * the Association of American Medical Colleges Management Advancement Program
- * the "Thirteenth Month" Program of the School of Medicine
- * the National Boards and their impact on the medical student
- * the Residency Policy Committee of the School of Medicine
- * "town-gown" questions
- * the Department of Pharmacology in the School of Medicine
- * the teaching methodology of the School of Medicine
- * the Curriculum Committee of the School of Medicine and its subcommittees
- * the office of Academic Affairs of the School of Medicine
- * the School of Medicine curriculum--the First Biennium
- * the School of Medicine curriculum--the Second Biennium
- * the School of Medicine curriculum--the School of Medicine Clerkships
- * the Ohio Inter-University Council
- * the Miami Valley Research Park
- * the Cox Heart Institute--its merger with the School of Medicine
- * the Bob Hipple Lab--its merger with the School of Medicine
- * the Fels Research Institute--its merger with the School of Medicine
- * the financial models for School of Medicine funding
- * the Area Health Education Program
- * the tuition and fees structure of the School of Medicine
- * the development of the Frederick A. White Center for Ambulatory Care
- * the Liason Committee for Graduate Medical Education

- * the Department of Obstetrics/Gynecology of the School of Medicine
- * the integrated/affiliated residencies of the School of Medicine
- * the Office of Air Force Affairs in the School of Medicine
- * the Aerospace Residency Program
- * the "flagship department" concept
- * the Office of Vice-President for Planning and Development at Wright State University
- * the Office of Provost at Wright State University
- * the Donated Body Program of the School of Medicine
- * the Magnetic Resonance Program of the School of Medicine

STATEMENT OF GIFT

ORAL HISTORY INTERVIEWS

I. _____ give to the Wright State University Health Sciences Library the magnetic tape recordings of the interview(s) held on _____ between _____ and myself, together with any transcript(s) that may be made from these recordings, ("the material") subject to the following conditions:

- 1) The material shall be available to scientists, historians and other qualified scholars who wish to use them for research purposes.
- 2) Although any portion of the material may be copied, it may be published only with the express written permission of the Librarian, Wright State University Health Sciences Library, 3640 Colonel Glenn Highway, Dayton, Ohio, 45435.
- 3) I hereby assign to the Wright State University Health Sciences Library all copyright I may have in the interview transcript (if any) and tape.

Donor

Accepted:

Date

Librarian-Wright State University
Health Sciences Library

Date

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