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# John R. Beljan M.D. interview (4) conducted on November 11, 1983 about the Boonshoft School of Medicine at Wright State University

John R. Beljan

James St. Peter

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**WRIGHT STATE UNIVERSITY**  
**School of Medicine Oral History Project**

Interview date: November 11, 1983

Interviewer: James St. Peter

Interviewee: John R. Beljan, M.D.  
Founding Dean, WSU School of Medicine  
Interview 4

**James St. Peter:** The date is November 11, 1983. This is the fourth in a series of interviews with Dr. John Beljan, founding dean of the Wright State University School of Medicine. In this discussion, I would like to focus on the accreditation process for the School of Medicine.

**John Beljan:** Okay.

**JS:** Was the Liaison Committee for Medical Education the sole accrediting body for the School of medicine?

**JB:** Yes. It is the sole accrediting body for medical education in the United States. It consists of membership of the AMA and the Association of American Medical Colleges plus some public members, and jointly the secretary alternates between the American Medical Association and the AAMC. So, it's a very important accreditation process, without which you are unaccredited. There is an equivalent for the osteopathic schools but it is not as highly regarded and is restricted to osteopathic schools alone. It is also, as you know, approved by the U.S. Department of Education and accepted as the accrediting body in the United States and, I would say, in Canada; there is a Canadian counterpart, but there is also interaction between the two. The LCME is an interesting body to deal with because like every other group it is also made of human beings, who are political animals, so accreditation becomes both an educational and political process, obviously. The first encounter with our accreditation group, though, really occurred before I came to town full-time. I had committed to come, but the key to getting the Veterans Administration grant out of Public Law 92541 was that we had to have from the LCME a statement of reasonable assurance of accreditation, which simply meant that if they would come to review you to say that if in fact you followed your plan, that there was a reasonable assurance that you would become accredited by their currently existing guidelines.

**JS:** Is this what they called a pre-visit?

**JB:** No, this was actually a formal visit by them and was done to answer that question as to whether or not a letter of reasonable assurance could be issued. Pre-visits occurred

before that by a number of people on an informal basis and I think there would have been some consultations. But this was absolutely key because this was the one that opened the door to the large VA grant, without which the school would never have succeeded. That was an important accreditation activity and it was interesting because at the time they visited I was commuting from California into Dayton, and vividly remember coming into the opening session having taken a red-eye flight from California, arriving unshaven and unkempt and going right into the meeting with these folks who were visiting in this initial visit. I think if you now put into perspective the value of having 19.7 million and ultimately nearly 30 million dollars, and the need for accreditation for the institution, and the need for this letter of reasonable assurance of accreditation, and my earlier comment about the naiveté of the planning document, you can understand now the importance of the piece of paper I wrote on the plane at their request from that first visit until a week or two later when I submitted it to them, which in essence completely revised the plan for the development of the School of Medicine. So that exercise is a 40 million dollar exercise probably, in that first year or two, and those was the kind of stakes that were being played with. A lot of people would not recognize it, but as you've now looked at it you can see how important all of those pieces were at that key period of time. So even though I lightly say I wrote that document on the plane, it was not done without a lot of thought and careful review, not only by myself but by some of my colleagues who reacted to some of the philosophy put into that that document. But it was an interesting exercise because it was clear that I had to do that and get it to them in a hurry if we were going to have any chance at all of getting that award notification.

**JS:** You would say then that that was the key document in developing the school?

**JB:** I would say so, yeah. And so I don't know whether it's United or TWA that deserves credit, but one of them did [laughs], and they certainly didn't put anybody next to me in the middle seat and I was able to write.

**JS:** What are the stages of accreditation by the LCME?

**JB:** Well, the accreditations are... the process consists of oftentimes a pre-survey or pre-visit kind of situation, and that's largely on an informal basis done by staff people. Then there is a series of visits, in which for a new school in development will visit it at almost annual intervals to evaluate the development of the program and the progress that is being made, and the authorization then ultimately to admit students. Then once you have admitted students they review you on a frequent basis, and as a new school they will then give you a final accreditation. That is they give you provisional accreditation to admit, and then final accreditation once you have your program moving, and then they will visit you at regular intervals thereafter. Obviously, the accreditation process is much more difficult for a new school because it is a hell of a lot easier to keep the doors closed than it is to close the doors once they've been opened. So we went through a lot of grief with the accreditation visitors because each of the site teams were different, oftentimes they disagreed in terms of what they saw and what they recommended. In a number of instances the LCME itself did not concur with the recommendations of the site team, and there were a couple of occasions when- at one time the president visited with the

secretary of the LCME, and I demanded a visit with the LCME and got it, and was I think relatively outspoken in terms of how I thought they were hassling us needlessly. I'd submit I think that was facilitative in getting accreditation and refers back to the question of it being a political as well as an accreditation process; at some point you have to say what's reasonable is reasonable, and what's unreasonable is unreasonable, and I would submit that the LCME in their early visits with us were unreasonable.

**JS:** From reading the history of the medical school that you wrote, I get the impression that the LCME has very wide powers of- has a very wide purview; they can look at virtually every aspect of the program.

**JB:** They can and do, and unfortunately it's because too many people let them do that. My sense is that one can reach some points where you can tell them it's none of their god damn business, but there aren't very many institutions that are willing to do that, except perhaps a couple of us are willing to tell them that privately.

**JS:** As the dean and especially as the founding dean of a new school of medicine, how important is your ability to steer the LCME into areas where you want them to look at, and steer them away from areas you don't want them to look at?

**JB:** Let me say you have to be in the- [you had to] have had some experience in medical education to deal with this because you do need to steer them, you do need to channel it, you do need to focus and direct your materials, and it is not a game for a beginner. Not a new school. Once you're established it becomes fairly pro forma and routinized, and the question is not accreditation, unless there's a disaster, the question is how long before the bastards are back again. So where you really have a problem with them is in the new school development, and of course their argument is they want to see the new schools have the same level of quality as others do, and then unfortunately the people who visit come from a reference of a long established institution and oftentimes don't have the vision or foresight or the ability to expand their minds to look at what is currently going on and how that can be developed, and so when you are dealing with that kind of mentality it's very hard. There are people who you can show a hole in the ground for and say, "That's the beginning of a building", there are others who say, "I don't want to see it until the last picture is hung", and the mentalities are very different.

**JS:** What are some of the areas that you try to emphasize to the LCME?

**JB:** I think what we tried to emphasize was the fact that we had all of the major ingredients of a quality program here, that they were being put together in a reasonable way and a cohesive way. But you see, again coming back to the traditional model, this is a non-traditional model, a new school moving together more quickly than they'd ever seen or believed could be done, and their sense was it's being done with mirrors. Their worry was is there a solid foundation of education here, and it was very hard, even though I think had more than casual experience with accreditation and accreditors to reveal to some of them that in fact the program was not only going to be viable, but high quality and well supported. But if you take somebody who has lived in a different kind

of an environment and has never dealt with a medical community and has never dealt with an affiliated hospital and whose primary concern is renewal of their next NIH grant, it makes it very hard to take them into a creative and different kind of model.

**JS:** What kind of areas did you try to steer them away from?

**JB:** Well, there were several. I tried to steer them away from some of the fundamental weaknesses in the basic sciences, which were there and that was because we were dealing with a situation in which there were major weaknesses because of the existing people there. I tried to steer them away from some of the issues of university funding and state funding because, as I mentioned to you earlier, the program would not exist if it had to depend on state funding alone. And there's a corollary there that why I also did not always display everything to the state in terms of what was going on locally. That we did with mirrors [laughs]. But those I think were the kinds of things. I tried to encourage their interactions when they visited with people in town. I don't think they believed what they heard and that became a major problem. You try to present, of course, your best image and sometimes they'll accept it and sometimes they won't, despite the fact it being the truth. That's what I meant when I said I had the confrontation with them because I finally told them they needed to fish or cut bait, because the program was there, all the data were there, and until they showed me that the data did not support the facts that I was going to go public, and that silenced them.

**JS:** What effect did the LCME visits have on your immediate staff?

**JB:** They were panic situations, and pain in the ass. Most people got overly uptight about them; that was initially. I think toward the end of the annual visit cycle, people were starting to take them for granted and not worry about them, but I would say we had a cluster of people who probably got overly energetic and energized about them. It is a traumatic experience, and you've got all these players in and you just get over the one visit and they're back again and that gets pretty old, and one has to ask the question then is it really worth it, not only on your terms but in terms of their efforts. I think that one of the things as I've stopped and thought about this over the recent past is there has been a change in the LCME as well. There was I think a series of members there who were right-wing conservatives, who probably thought the post office was a communist plot, and when you deal with that kind of mentality- they wound up with a situation that they found it logistically impossible to do what the LCME needed to do, and as a result they became a little broader in their viewpoint and a little more relaxed in terms of their expectations, and I think there's an appropriate balance now that was not there 5, 6, 7 years ago.

**JS:** Do you attribute some of the LCME hostility to the idea that you were developing a community based, decentralized model-

**JB:** No question, because very few of them had any experience with it or really thought it could work, and having that pre-bias and predisposition made it very difficult to work against. Again, those who were there on the LCME, particularly those appointed by the

AAMC, were heavily people from very traditional medical organizations, medical universities. And the folks on the AMA side, I would say the bulk of them came from perhaps analogous situations. So when you've got nobody in the group who really understands what this model is like, it makes it very difficult to carve new ground.

**JS:** Did the LCME teams impact simply on you and your staff or did some of effect of their visits carry over into the university?

**JB:** I can't answer that. I don't know what kind of impact may have happened elsewhere in the university. I do know that they always as they leave spend time with the president. I don't know whether their recommendations as they go out are met with belief or disbelief and whether or not that changes any behavior. Because we did have the matrix departments in the basic sciences which were objects of criticism early, not only by them but by me, that that may have had some impacts in the College of Science and Engineering; I think it was uncomfortable for some of the players there to recognize that they were as weak as they were, so that may have had an impact. Otherwise, I would suspect the rest of the campus couldn't give a damn about it.

**JS:** Were there certain things that you and your staff did to prepare for each one of the visits?

**JB:** Oh yeah, one has to do that if you go into a very extensive thing, including submission of a lot of data beforehand, and we went through even more than the usual; we actually rehearsed some of our visits; we had groups who would probe people who were going to meet with those teams; I did not try to rig it, that is I didn't try to put into place people who should not have been there or who were orchestrated to be there, but people who did meet with them, particularly the full time faculty, had been thoroughly grilled by our own people before those folks visited, and critiqued and criticized in terms of their responses. So we did that, we tried to organize the visits relatively tightly so that they could be cohesive and follow reasonably well. And the one thing that I would have done differently that I did not do and should have done is I should have challenged some of the people on the teams and suggested that others be appointed. It was within my right to do that and I weighed the consequences of doing that versus not doing that, and now in the retrospective scope I think I would have been better advised in several instances to have challenged the membership of those teams and to have permitted them to come writhe through the agony of having them there.

**JS:** What did you have to do with the area hospitals to prepare them for LCME?

**JB:** Same thing. Give them an overview of where we were, what to expect, have people chat with them, ask them the same kinds of questions-

**JS:** Was it more difficult?

**JB:** Far more difficult. Because it's a different group of players, and they don't have, of course, the appreciation of the importance of the visit and that sort of thing that you

would have elsewhere, but in the main I think they handled themselves very well and I think ultimately convinced the visitors that in fact this was a viable program. I would say that some of the leadership there, again, came out of Manny Cowder at Children's Hospital in his meetings with the CEO's. I think he was very useful in getting them sensitized to some of the things that they needed to be aware of.

**JS:** Did the LCME have specific areas that they constantly looked at on each visit, over and over again?

**JB:** Yeah, there's a flow sheet they use and it really covers every piece of the operations, from organization to finances to physical facilities to students to curriculum, on and on and on and on. I'll tell you one thing, though, that's another thing of course that I think is useful. I mentioned that it helps to have been there and having been on a number of accreditation teams myself, we did have the checklists so it's nice to know what you've got to look for. Again, that's why I say if you hadn't been there before it's almost impossible to handle successfully. Having been there before, knowing what you've got to look for, you know what to focus on, and that comes back to your question of direction and non-direction. It permits you to focus on the information that they need to go back to put in their report, once knowing what they need to have you try to orchestrate that to look as salubrious as you can.

**JS:** How does it feel to be the founding dean of a new school and kind of under that very harsh spotlight of the LCME?

**JB:** It's an interesting position to be in. Obviously you get far more credit than you deserve and you get far more criticism than you deserve. But somebody's got to be the leader and take that kind of heat. I think it was, as you look back over it, a fun experience because I think in terms of creativity I had as much fun doing that as I suppose most artists do with an oil canvas. It is literally doing the same sort of thing. Taking a piece of fabric called a university and a lot of pieces and pigments, and putting them together into a unified whole, you've got to conceive it and you've got to design it and you've got to then do it, and it's the kind of thing that I think is internally very rewarding. I think I obviously get pleasure out of having been there and having done it. Obviously, like everyone looking at their work after you've done it, I can think of things that would have been better done and some mistakes that were made that might not have been made, but on balance I think you can say that you've done it, there it is, and it's reasonably worthwhile.

**JS:** What was the circumstances of your going to the LCME, the committee itself?

**JB:** I got tired of being hassled. And sensing that... having visiting teams come who would make glowing reports and make recommendations for longer intervals between the next visit, and having those sandbagged at the LCME meeting itself. Several of those happened and that's when I decided that enough's enough; its got to cease and that's where we finally demanded and got an audience with that group, and I must admit that

had I been them I would have thrown me out, but there comes a time when you have to call it the way you see it.

**JS:** It seems to me that your leadership style is very forceful and directed.

**JB:** And forthright, yes.

**JS:** Do you feel that's an advantage when dealing with people like that?

**JB:** It isn't initially [laughs], but I think it is in the circumstances I just mentioned. I suppose in the long term being more politically smooth and suave would have been fairly useful, but when one is confronted with time constraints that's something you just simply cannot do. The same problem existed in how do you deal with all of the human beings that have to pull together to make this kind of enterprise work, and I finally decided that I would rather tell people things that they would not want to hear to at least know where we stood and that I would deal from the top of the table. I'd like to think that characterized my operations here.

**JS:** To what degree were the LCME visits political?

**JB:** Well, they're always political I think, and I can't conceive of an accreditation visit that isn't political. I think that when you recognize that the time we were being developed that there were several institutions being developed, I think the politics of the game were that they'd probably visit us more often so that there wouldn't be allegations of dissimilar treatment by some of the less substantial enterprises. I would not want to intimate that I think that there was any devious purpose there or what have you. I just think that because we were moving as quickly and as aggressively and as successfully as we were that they did not want to treat us any differently from some of the others that really demanded the kind of treatment that they gave us. My sense was that we didn't deserve it, and that's what I told them. And I think they believed it finally because they eased off.

**JS:** Do you think your getting into the Teague-Cranston bill focused their attention on you in any way?

**JB:** I would think so. And I would say that they probably read things into it that shouldn't have been read, but so be it [laughs].

**JS:** What was the potential impact of a negative LCME visit?

**JB:** Well, a potential impact could be that we would never open our doors, and secondly that our funding would dry up. I don't know in which order, but either order would have been disastrous. You can't keep faculty here and interested if the school were suddenly to be stonewalled; you certainly can't keep the pieces together if the gasoline to fuel the engine is gone and you lose your funding. So it was very important for us to have continued approvals and for the funding flow to continue, and both of those, obviously, were dependent on LCME actions. The longer they could keep our doors closed, for



example, the harder it is to convince the state that you've got a school that's a growing enterprise, and if you'll recall during this time there was a continuing noise in Columbus that we had to close these and they're a bad idea. So you're trying to get open as soon as possible and here's the LCME dragging its heels and throwing roadblocks in front of you, and you've got the state biting at your ass in terms of whether or not these things really ought to exist and you know that until you get them into existence that they're relatively vulnerable. So those pressures are kind of interesting to deal with.

**JS:** What was the limit of accreditation for the first LCME visit?

**JB:** Well, the pattern for them in a new school was to visit you annually until you are ready to open your doors, and once you are ready to open your doors they will give you anywhere from a one to a three year accreditation approval. I don't remember what our initial one was to be very honest with you anymore. There were so damn many of them. But that's always shorter than you think they should be and I think it was with some pleasure that we were notified that those visits were going to be longer than originally anticipated, and that spoke to the comment I made earlier that I think there have been some changes within the fabric of the LCME and that they recognized that the time frames that they had originally talked about were unrealistic. But we've done very well, we've done comparably to what other programs have done that I think are quality programs, like Texas A&M and some others. Or they've done as well as we perhaps is the better way to put it. Those that have not been as substantial I think have properly been visited more frequently, and that would be East Tennessee State, and the University of South Carolina, and the program at Marshall.

**JS:** Was the LCME team empowered to make specific recommendations to you or did they have to go back to the committee first?

**JB:** The way they work is that the site visiting team makes a series of findings and recommendations but they are not official until the LCME, this group of fifteen, make a final recommendation, and those then become their final recommendations, which are still challengeable. But that's the dilemma and I think that was the frustrating thing; we had a number of teams come through who recommended levels of accreditation that we thought were very reasonable and then these would be shortened by the LCME in their formal deliberations, and those were the kinds of things that prompted me finally to confront them.

**JS:** Did you have to wait for the first provisional accreditation before you could start admitting students?

**JB:** Yes. So that's the key and until you get that you're absolutely at their mercy, and I was damned if I was going to let that drag on for the reasons I mentioned earlier.

**JS:** What controls did they have over the admittance process?

**JB:** They don't have control over the admissions process except to permit you to open your doors and maybe to make recommendations about the number of students that you have. How you do your admitting activities are your own business, and I think you can challenge the numbers game if they try to hold that to you, but obviously the ability to open or close your doors is a very important one. Almost every state requires approval from or graduation from an approved or accredited school for licensure, so you cannot afford not to be accredited.

**JS:** Your first provisional approval was for the admittance of thirty-two students. Do you feel that was enough, not enough, or too many?

**JB:** I think it was alright, but I think it was overly conservative on the part of the LCME. We could have handled that number probably doubled without any consequence. Again, I think their sense was that with thirty-two students no matter what you did you weren't going to hurt them, and I think they still had concerns about whether all of this would float or not anyway. So I think it was a far overly conservative number, but on the other hand it did permit us to get into business and so we didn't argue a lot about that. I was pleased, however, that we did go up quickly and I think that represented the final understanding, the metamorphosis within the LCME and the understanding that we were for real, because we did in fact increase far faster than any of the other programs.

**JS:** The first provisional visit, the first visit of the LCME for provisional accreditation was in July of '75-

**JB:** Mm hmm.

**JS:** -and you didn't get provisional accreditation for enrollment of students until January of '76. Is that a normal timeline?

**JB:** I think we had a second visit if I remember correctly at that time and again that's part of the hassling process I suppose, and I think it was again a question, if I remember the recommendations at that time, was their concern about faculty numbers and workloads and things of that sort, whether our facilities were going to be done on time, and when that second visit- which was relatively brief- came along I think those questions were answered.

**JS:** After January '76 you didn't get your next visit until '77 in which you got two, in January and in April, and afterwards you had accreditation for forty-eight students. Was that normal?

**JB:** I think for a newer, evolving school that kind of pattern is not unusual at all. That second visit is usually a relatively brief thing or it's a staff visit or it's a follow-up or something of that sort. That's as I said it becomes habit forming after awhile when they're there that often.

**JS:** When the class size went up to one-hundred students as it did in-

**JB:** Let me just tell you, you worry about the frequency of visits when you are an established school, not when you are a new school.

**JS:** The class size went up to one-hundred students in '79.

**JB:** Yeah.

**JS:** In February. That is your-

**JB:** Designed size.

**JS:** Designed size limitation. Is that process going to become easier?

**JB:** The accreditation process? Oh yeah. It's easier right now, as soon as that first class graduated and we got permanent accreditation. If you'll remember they wrote me a letter to extend the period of time one year then they extended it an additional year. From here on out it's going to be relatively routine unless there's a major catastrophe of some kind or the state goes broke or what have you. I don't think there's major concerns about the LCME anymore.

**JS:** How would you compare the-

**JB:** We're now one of the "ins". [Laughs]

**JS:** How would you compare the LCME process in Ohio to that of California? Are there regional differences?

**JB:** No, there are no regional differences. It is a national accreditation activity, so there are no regional differences. California processed those actually easier because the model was more traditional, and the LCME's membership at that time, which was the late '60's, was a lot more understanding than that group that came in when we were going through our troubles. Not troubles, travails would be a better word. It depends, you know, a lot on whose on that damn committee and who they appoint, and if you get a cluster of people who are overly conservative it is difficult unless you're running a conservative, traditional program. At the time that we had our accreditation activities in our development phase at Davis, there were some pretty knowledgeable, catholic kinds of guys, and for some other reason that I can't speak to the membership changed, and in the early '70's we got appointed some very narrow-minded folks who were ultra-conservative and who could not appreciate anything other than a Harvard model. I think gratefully that's changed again.

**JS:** Did you ever have to change your plan for development- the dean's plan- that you had as a result of the LCME visits?

**JB:** Not since the original one written on the airplane. If you look at that today you'll find that it is extremely close to what happened in terms of the development of the program.

There may be minor changes in terms of numbers or the timetable or so forth, but on the whole and as I reflected on that after our first class graduated, the relationship to that early blueprint and what actually happened are very close. Surprisingly so, as a matter of fact, because I had thought that we would have to make a number of midcourse changes or adjustments but those that were made were relatively minor and really non-substantial.

**JS:** Looking back on the accreditation process now, do you feel that you've gained a great deal from that?

**JB:** No. No, unless you want to talk about gray hairs and hassle, I don't think the accreditation process did us a damn. If I had thought they were useful and consultive I would say so. I would like to think that generally they are, but I think as I reflect on it here I think they were hassling rather than helpful, with the single exception of the first visit. I think at the first visit, which was chaired by Ken Crispell from the University of Virginia. Ken had a broad view of what could happen and he was the one who, obviously, insisted that the plan be re-written and once that had been done by me and adopted, that was useful. I think Ken and that initial team convinced the university that they had to give me the freedom to re-write that, and in that sense that was a very useful process. But subsequent to that I think that they were far more hindering than helpful, and I really don't consider that they gave us the kind of help I'd like to think that we'd give on our consultation or accreditation visits. So looking back on it, I see that as a source of great irritation and early and premature aging rather than help.

**JS:** Do you feel that your experience as a subject of the LCME visits has helped you when you go out to visit other schools?

**JB:** Absolutely I do, and unquestionably the experience I had at Davis prior to coming here was useful. Every situation has to be unique and what one has to do I think is to interpret the realities of the situation and what are the goals of the process. I think oftentimes the accreditation teams get over-imbued with their importance, and unfortunately I think too many institutions permit themselves to be molded or influenced by these teams; not enough of us tell them to go to hell.

**JS:** Did the mergers of the institutes have an effect on the LCME?

**JB:** Sure, without question.

**JS:** Was it favorable?

**JB:** Oh yeah. I think that one of the concerns they would have with a new school is how creditable are those institutions in terms of their research activities and their academic responsibilities, and having immediate maturation in terms of research activities by grafting on those enterprises I think swayed them. I think the latter teams were supportive; I shouldn't be quite so damning, I suppose, of them, because as we were nearing our time for provisional accreditation I think that there was a greater appreciation by the teams and by the LCME of the fact that this program was for real, and I think the

mergers and the development of those affiliations were pretty solid evidence that the program was moving ahead. You know, if those were still promises I suppose I would look at them with some jaundice but the fact that we'd consummated them, that we had developed some unique affiliations that we had as a matter of fact delivered what we said we would deliver, I think finally gelled with some of those folks. Matter of fact, one of the later teams wanted to buy my snake oil in terms of the affiliation agreements that we had had with the institutions because their experience had been that they could not believe that we had accomplished what we had accomplished here with those arrangements.

**[End of tape; gap in recording of approx. 80 seconds as tape changed and recording continued]**

**JS:** Earlier in our discussion, Dr. Beljan, you mentioned that a lot of the LCME visits the members felt that this was a game of mirrors. How did you dispel that image?

**JB:** Well, I think in a couple of ways. One is that they finally got the same message from a variety of sources that they hadn't expected to get, and statements of support. And again that came back to the fact that we had in fact orchestrated- not orchestrated, but had rehearsed- the players to know what to expect and what the responses might be. The second thing is that we literally did take the group around to selected operations, through them into it, made them taste it, and I think that then caused them to become believers. It's easy to talk about an affiliation, but until you go there, speak to people who are in the institution, sense that they are getting the same kinds of responses and direction, I think I would be kind of from Missouri as well. So we did a lot of that and we made sure that they saw a broad constellation of people, and fortunately because we had done a number of things to ensure that people understood where we were and where we were heading that they got the same answers, and that consistency I think impressed them.

**JS:** Who were the members on your staff that actually walked the LCME teams through that?

**JB:** Well, all of us did that of course, but some of the key players were Bob Jewett, who was our dean for academic affairs, Shieve [Jim Shieve] and Paris [Francis Paris] did that with the hospitals, Bob Suriano did it with the student affairs and admissions activities- who are some of the others- Sam Kolmen was instrumental I think in terms of by-laws and faculty interrelationships, curriculum, Tony Zappala for curriculum. So there were a lot of players who played major roles, and I usually let Ed Spanier handle the financial side and walk me through that, maybe sitting down and making sure they understood where we were and where we were headed and what our balance sheets looked like. So it really was each of the members of that initial team, again, displaying their areas of responsibility and doing it I think relatively effectively. It's an interesting game because if you serve on these teams you are looking for the inconsistencies or where things don't match, and when they do continue to match you then you have to I think believe that they are for real. So having given them the opportunity to ask the same questions in a variety of different environments by a variety of different people I think is important. One of the

other things that I think was interesting and useful that may be of interest to you is that we imported students to react to our curriculum design and so forth, and I think that was impressive, and the fact that after we had students in place and had some visits by them, they saw that the students were enthusiastic and intelligent and again had the same single themes, and I think that became impressive, that line of consistency. Again, I can appreciate for a number of the people who visited us that this kind of complexity exceeds far what most of their experience had been and they had to be convinced that it was working.

**JS:** Did they pay particular attention to the innovations in the curriculum?

**JB:** I think in many instances that was threatening to them. The more innovative we were, the more threatening it became. And that was true not only with the curriculum, it was true with the admissions process. When you have deviations from what the expectation is, that's threatening. So the admissions process had laypeople on it and then they couldn't believe that anyone other than faculty members could select medical students. And then when you look at the curriculum and we had electives and free time built into that, and there were concerns about what was going to be done with all that free time and electives. It's an interesting game to get into because it's so foreign from what many of them had been so used, so structured and lockstep and traditional, that when you start to do some of those things, the more you deviate from that very traditional model the more threatening it becomes. That permeates the visit. I suppose it would be easier had they seen that in only one area or two but when they saw a different model of medical education and different curriculum and a different approach to admissions and an aggressive linkage program for minorities and a whole host of things, that's not what they're used to seeing.

**JS:** Do you feel like the Wright State development had some favorable precedence for innovation?

**JB:** Unquestionably. Without question, I think that the whole genre of community based medical schools has been an important step forward and I think we were in the forefront of that, and then a number of the other innovations that took place have been adopted elsewhere. And I think imitation is the best form of compliment, and that has been the case in a number of operations. Some of the new schools have literally adopted almost word for word or verbatim some of the things that we did here. I think of Morehouse, Mercer, down in Macon, Georgia and a few other places where literally we exported chunks of what we did to them.

**JS:** Thank you for letting me discuss the accreditation process with you.

**JB:** My pleasure, Jim.