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Dr. William D. Sawyer interview (6) conducted on March 11, 1985 about the Boonshoft School of Medicine at Wright State University

William D. Sawyer

James St. Peter

WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: March 11, 1985

Interviewer: James St. Peter

Interviewee: William D. Sawyer, M.D.
Second Dean, WSU School of Medicine
Interview 6

JSP	My name is James St. Peter and this is the sixth in a series of interviews with Dr. William D. Sawyer, dean of the Wright State University School of Medicine. The date is March 11, 1985. The time is 9:00 AM and Dr. Sawyer and I are in his office, Room 115C of the Medical Sciences Building at Wright State University. Dean Sawyer, I'd like to cover a couple of areas that we didn't get a chance to cover in our fifth interview, and one of those is the growth of the voluntary clinical faculty component of the School of Medicine faculty since you've come on board. Has there been any major changes in the numbers?
WS	No, the numbers have been relatively static. There's been some orderly kind of turnover. A large number of area physicians had joined the voluntary faculty when the school commenced. Some of them over the years have found their interest was not so much in participating in the school, then there are the inevitable losses due to death, illness, moving, and those have been generally replaced by new physicians coming to the community who have joined our clinical faculty. There's been slight growth, I would say perhaps 25 a year, but it's been a relatively stable group, and I think that's likely to continue at about that level. [1:40]
JSJ	Are there any particular types of voluntary clinical faculty that you are going after more than others? Are there any targeted areas?
WS	No, I think we're interested as a community based school in taking advantage of the physicians and scientists in the greater Miami Valley who are interested in participating in the teaching enterprises of the school and being a part of the school to enrich our ability to offer quality educational experiences and do the things the school ought to be doing. We are always interested in quality.
JSJ	Have you expanded the geographic area from which you draw voluntary clinical faculty?
WS	No, we really have not. The State of Ohio in essence has divided the state into areas of educational responsibility, and we have an eight county area and we tend to stay within that eight county area. We do have some overlap say in our junction at the south border with Cincinnati's area, we also have some overlap on the west

	with the State of Indiana and Indiana School of Medicine's area and so forth, but in general we have tried to stay within our geographical area.
JSJ	Are these areas composed on a national basis or simply a state basis?
WS	No, that's local. Or the state has assigned educational responsibilities to regions within the state.
JSJ	Are there many graduates from the School of Medicine here who have elected to stay in the area and in effect become voluntary clinical faculty?
WS	Yeah. We are just at the point now of beginning to have significant numbers of graduates entering practice, and certainly some have, but if you recall we have graduated five classes, the residency averages over three years, so we're really beginning just to see a fraction of those entering, but certainly a number are making very real contributions.
JSJ	What about the relationship between the School of Medicine and the area hospitals? Is there going to be a move to add all the area hospitals to the School of Medicine's consortium?
WS	Well, we have 29 affiliated institutions in our eight county area already, and that encompasses certainly a majority or almost all of the institutions. Grandview is a participating institution at Ohio University, and we have as a general understanding not entered into affiliations or interactions at Grandview because of their participation with the School of Medicine at Ohio U., where they have residents as a joint program, students, and so forth. I see nothing to indicate that should change. I believe that's a very good relationship now that that's an Ohio U. set-aside.
JSJ	Does that extend to voluntary clinical faculty who are also practicing at Grandview?
WS	Yes, we tend to not have the… not to intrude into the OU program. We have a goodly number of osteopathic physicians on our faculty, voluntary. But they are not the key people from Grandview.
JSJ	So, basically in the eight county area are there any other hospitals or medical facilities that are not involved, except Grandview?
WS	Gee, I'd have to go- I think a majority are, but it gets down to the definition of what's a medical facility. There are of course private clinics, there are things like private hospitals, like Dartmouth, there are ambulatory care centers, urgi centers that are not in and of themselves affiliated, but I believe a majority of the community institutions are affiliated.

JSJ	There has been discussion in the last several months that some of the hospitals have to undergo some financial exigency. That they are in effect cutting back on some programs and services due to the financial crunch. Do you expect this to go on, and if it does what's the chances it will affect the School of Medicine programs?
WS	Okay. The changes that are occurring on an almost daily basis in healthcare financing are in a mode now that is "cut". We are seeing the federal government, we are seeing private insurance, we are seeing corporations looking more and more at the health care component of their operating costs. The U.S. contribution for health care is somewhere nearing 11% of the gross national product. And I don't have any idea what that percentage ought to be, whether 11 is too much or too little is a whole other topic. But the mood of the country is now to reduce health care costs, and that means a whole series of things are occurring, and it's occurring very rapidly, they are occurring often in parallel, and we don't have a great deal of experience to know the consequences of each of those changes, let alone all of them occurring at once. We are seeing whole new styles of delivery of health care emerge very quickly. That means that the traditional way of the past 20 or so years to finance particularly graduate medical education is in a state of flux, and the uncertainty factor is very high. When an institution is uncertain about what is going to come next, they obviously look at many factors in their overall financial picture. They look at construction, they look at new capital investment for equipment, they look at personnel, they look at new programs, and they look at this thing called medical education which is sitting there. There is nothing at all wrong with having those looks, and some institutions have felt that they were more into graduate medical education, I think, around the country than they ought to be or wanted to be or perhaps could afford to be. This re-looking has caused some institutions nationally- it's not unique to the Miami Valley, as a matter of fact- to look at their programs, and so we are seeing some hospitals that have said, 'In our priorities, in our long range plans', for the next ten years or five years, 'We do not see this program as fitting our goals and objectives, and we would like to trim it down or ultimately discontinue it'. Well, as a community based school that looks to interacting in a way with our affiliates which is mutually supportive but also respects their independence, just as we want our independence- to plan and to move forward or to change our strategies- to be respected, we respect that on their part. So we are seeing some reduction in residencies in the region. It has been said that a reasonable rule of thumb is to have in the region one residency position or a little more for every graduate of the regional medical school. The Dayton area is a little bit over that, or the western Ohio region is a little bit over that now, so I do not see any serious threat to the numbers of residents, or I do not see any serious threat currently to our graduates' ability to get residencies. We'll know a little more by later this afternoon when we get the new residency results, or we find out who was not placed, but I think we will be able to place everybody and that there is not an acute crisis. But hospitals ought to periodically assess themselves and decide where their strategies are going to take them. Fortunately, the hospitals that we are dealing with recognize that those are not sudden decisions that educational

	programs don't get turned off and turned on in a day like a light switch can be turned on or off, and that there must be appropriate planning and phase-in just as there must be phase-out. So, we think that kind of evolution in pruning is not bad in any way. Sometimes it makes everybody struggle and re-think what they're up to, but that's not bad, either.
JSJ	With the area hospitals, picture the way they are, and with some hospitals phasing out residency programs, have other residency programs increased?
WS	Yes.
JSJ	Are there new residency programs that you're thinking about?
WS	I don't know at the moment that we are planning any brand new ventures. We are certainly looking, for example, with the apparent demise of the Yellow Springs Family Practice Program- because [of] the decision of the three hospitals- to some ways to maintain a similar sort of program with some different organization and different structure that would continue to involve Greene Memorial Hospital. I periodically hear some talk which is more, 'what about this' or 'what about that' in one or another programs. We've just over the past two years really activated a new residency, it's a modification but it involves the combination of medicine and pediatrics. It's a different approach to a primary care physician, and [we] have a major federal grant to initiate that program. So it takes and merges parts of two existing programs into a new enterprise that has been very attractive to students coming out of medical school and has been very competitive for high caliber residents. So there's transition, [but] I think we're not seeing major growth of whole new enterprises.
JSJ	Let's talk about the family practice portion. What three hospitals were integrated into that program and why is it being phased out?
WS	That was Community Hospital of Springfield or Clark County, Mercy Hospital of Springfield, and Greene Memorial from Xenia, together with the school. For a whole host of reasons, and I'm not sure I understand all the rationale behind [it], the three hospitals decided- and I think it's fair to say it's principally led by the two Springfield hospitals- that they wished to discontinue participation in that residency. Some of the rationale that was given had to do with costs, some of it had to do with the residency having been started at a time that there was a serious perception of a lack of practitioners in the area that has now been corrected, and that the residency clearly did not hold as high a priority in their plans, a sufficiently high priority in their plans, to justify its continuance. When they opted to discontinue, then we put into place a plan to do that and that is being implemented now. So that residency will discontinue as the people go through, we are taking no new residents this year.

JSJ	You said you'd made some arrangements with Greene Memorial Hospital. What do those entail?
WS	No, we're discussing some arrangements. The idea is to explore with other institutions whether indeed a new configuration that would involve Greene and another institution in maintaining a residency not dissimilar from the present Yellow Springs Family Practice Program, and that's very much under discussion and in progress right now.
JSJ	Who handles the planning and initiation of that kind of phase-out?
WS	This one was done largely by the program director, Dr. Falls, Dick Falls, who is the Director of the Yellow Springs Family Practice Program, together with his staff, and Dr. Gillen, who is chairman of Family Practice, and the support staff of my office, principally Dr. Peterson who is my assistant for the residency program, and Mr. Durko who works on hospital affairs generally have been involved, but primarily the program director, Dr. Falls, has drawn up the scenario for maintaining a quality educational program for the residents in the program, and he's worked with Dr. Peterson who is an educational specialist, in putting that program together.
JSJ	What happens to- is there a faculty component in that program, and what happens if there are and what happens to those?
WS	There is one vacancy in the program that occurred about the time the decision was made, so that one will be dealt with by attrition, and the other faculty will gradually be absorbed into other functions or dealt with through attrition. And it's hard to do that while you've still got residents in the program, you've almost got to have a certain minimal level until those residents finish, so we've not come to any hard decisions. One of the faculty is going to begin to participate and be shared with the Medicine Pediatrics Program, which is run out of the White Building here, part-time already as that number of residents decline. So we'll re-assign them to other functions.
JSJ	The residents themselves in the program, when is it safe to say the last residents have all gone through the program?
WS	It's a three year program and so this year's first year residents have two more years, so they'll finish in '87 in the spring.
JSJ	Has there been a shift from- a shift in priority or resources from one program to another in the School of Medicine itself?
WS	Sure, inevitably with time and change, there will be shifts in resources. We don't think that there have been any dramatic or major shifts in broad program areas. For example, I think we're probably spending more resources on primary care

	today than we were five years ago when I got here, but that is a very broad, general category. There were some very compelling needs outlined in our last long range planning exercise for strengthening certain key clinical departments. Well, in keeping with that plan outline, we have committed those resources and are in the process of strengthening those departments. So, yes, there are some subtle shifts, but they are all in relation to the plan. Similarly, I think that we've seen with the passage of time some shift from program to program in the basic science departments. For example, we've just made a major commitment to the physiology/biophysics area that was prompted by the opportunity created to appoint a new chairman and to appoint some new faculty, and I think I've talked earlier about my belief that you don't get anything to strength, or excellence, quality, or whatever word you choose by taking little bits of resources. You must make some commitments at a time that are big enough to make a quantum difference, and we've done that with physiology. We've seen, and obviously down the line a year or so, we look to take another department and do that, too. So I think that we are seeing little shifts, subtle shifts, from department to department, but no very major shifts in overall allocation of resources.
JSJ	Do you see the concern and emphasis in the School of Medicine on primary care to be the same five years from now?
WS	I think that it will be, at least down the line, as strong or maybe stronger. I sense that finally in the country as a whole we're beginning to think about starting to put some resources into primary care and to emphasize it after a decade of talking about its importance but continuing to put everything into super-specialty care. So I think that not only will it be strong in the school but I think it will be stronger nationally, and hence that will reflect back on us in a positive way.
JSJ	There have been, it seems to me, two distinct phases. A development phase and a consolidation phase, in the School of Medicine's history. Do you feel there is another phase coming down the road?
WS	I guess I would use the word "maturation" as characterizing those phases. I don't think development has stopped because of consolidation. I think you begin to focus the development a little more specifically as you consolidate, and to preserve the gains and then focus your developments in areas in the pursuit of excellence. With maturation, by that I mean a settling in, a "wearing" like a pair of comfortable shoes. Where everything isn't done on a semi-crisis kind of basis, but that the hospitals, the physicians, the students, the university have become comfortable with a process and what's going on in the School of Medicine, rather than somewhat unsure and sort of a testing thing. So, yeah, I sense a maturation will occur, probably it will be another five or ten years for that t begin to be evident.
JSJ	What happens then?

WS	Well, I think you continue, and continue to emphasize strengths, maintain strengths, and take targets of opportunity. I'm not pressing enough to know what's going to happen ten years from now.
JSJ	Do you feel a flagship department might develop here in the future?
WS	I don't know how to answer that, because I don't know what "flagship departments" mean. In the sense of whether that's real strengths or whether that's a public relations gimmick. We've tried to follow the old Dizzy Dean adage, at least I always have, that it's not bragging if you can do it. So we've tended to wanting to be sure we had the solid, productive performance rather than a lot of public relations. I think we've got right now some groups that are displaying leadership and will continue to do so, and as they do that over ten years or so, they will produce products in terms of people who do well, and as those people do well it will reflect back on the departments. So I suspect there's a fifteen or twenty year period involved from the beginning of a program until you can even legitimately talk about flagship departments. You've got to go through one, two, three generations of leadership, you've got to have maturation of faculty into national and international prominence, and you've got to have your products out themselves achieving so that you can see at least two generations of people progress. So I think that's- I personally think that's somewhat down the line to talk about. And we don't have to have "a flagship department". We'd like to be a flagship school, for doing what we do, as I've said several times previously in these sessions.
JSJ	Do you feel that the current class sizes of Wright State, do you feel they are going to remain the same? Have we reached our maximum number of students, per year?
WS	Again, I won't try to prophesize ten, fifteen, twenty years down the line, but for the moment I believe that there is neither reason nor interest in increasing the class size. It is my judgment that- well, let me back up. I know that we are going to consider enrollment issues as a part of our current long range planning process, and I won't try to impose my judgment now on that. It seems to me that it's sort of missing- to not consider the issues would be to- would be missing what is going on in the world. So we need to take a look at that in a comprehensive way in relation to opportunities for Ohio residents to go to school, to become physicians, in light of perceived needs in light of the resources available to us, and a whole host of other commitments and needs. Commitments, for example, to minority or underrepresented groups in medicine, and try to make the best judgment that we can and build that into our planning process, and we are proceeding to do that.
JSJ	What about Wright State's- dare I use the words 'track record' in the area community for minority students? Do you feel like the school of medicine has a need for having a track record in that area, and if it does, then has it performed up to what it had hoped to be when the school was formed?

WS	Historically, the school of medicine, in essence, at the time of its creation, made a pledge to the legislature that- the university made a pledge that it would endeavor to show leadership in the recruitment of underrepresented- to people from underrepresented groups to the profession of medicine. The school of medicine I think has held to that very, very well. We have a significant part of our class are non-traditional. By that I mean different than the straight forward, four years of college, four years of medical school, three or four years of residency. We have a substantial portion of our students- I can't give you an exact figure without getting out the records- who had breaks, who are doing a career switch, and secondly, we have what I believe is the finest record in the state of Ohio and one of the finest in the country on the recruitment of minorities to medicine, and particularly in our case the emphasis is on blacks. Last year the survey of all the medical schools in the country showed Wright State School of Medicine to be I think it was 17th or 18th in terms of its representation of blacks [or] in terms of its representation of minorities in its student body, and ours are very much dominated by blacks, and of course some of the schools ranking ahead of us include the traditional black medical schools and some medical schools with strong associations with Hispanic or Latino populations. So we really feel that our record is good, we've developed as a school a number of programs going back to the high school level to encourage students to careers in science and medicine and we're beginning to see students enroll who have been in that program. We have intensive college programs for minority recruitment, we have a very active program now with a federal grant, the other with Central State, on the recruitment of blacks to assist them to be ready for careers in medicine and we work awfully hard at it. We have also developed, within the school, programs for assistance to any student who is having academic trouble or needs a little help. We make those available to blacks. We also have study skills counselors to work with them. We've attempted to provide support groups. It hasn't all worked, but we're working awfully hard at trying to make it work and I think our record will stand up anywhere for our efforts. We are very pleased with that and I believe it is appropriate and important.
JSJ	There are, the school of medicine has established one new PhD program- the Biomedical PhD Program. Do you feel there are other programs on the horizon for the school of medicine?
WS	Let me just make a small correction. That was established by the university jointly, between the school of medicine and the college of science and engineering- established the biomedical sciences PhD program- and I do not see us going off on any more enterprises. That is a comprehensive biomedical science program under one title, so whereas some schools have degrees in biochemistry, or in microbiology and immunology, or in physiology, we have put ours under the biomedical sciences name. So I don't see us getting off into various specific areas. Now, the college of science and engineering and the school jointly are also engaged in the biomedical engineering program, and that's a joint department, and to the extent that changes occur in them developing what is called ABET accreditation for their programs and developments that might occur towards the

	development of an independent college of engineering, we're not prime movers in those things. But we'll continue to be, I think, interactive and responsive to university programs. But I don't see us going off in any terribly new ways in graduate education. We've still got a biomed PhD program that awarded its first two PhDs a year ago this spring at commencement that has got to be strengthened. It's got to go through those development and consolidation and maturation phases, and I think we should not dilute that effort by branching off into a lot of new arenas. There's also been talk of working in conjunction with the college of business and administration in a health administration track in the MBA program, or conceivably even the undergraduate program in administration, and we certainly have people who have been collaborating and cooperating with business and administration in that development, and if it should come to pass we would certainly support them in a cooperative way. But these are enterprises being done in conjunction with other people, and we'll continue to be alert towards those opportunities.
JSJ	Let's talk about the question of integration between the school of medicine and the various communities that surround it. Let's start with the state level. Do you feel that the school of medicine has become accepted in the family of medical schools in Ohio?
WS	Certainly at the level of dealing with the leadership of those schools and with the Board of Regents etc., I think acceptance, yes. It's a reality. I wouldn't try to get inside the heads of everybody at every school, but I think we're accepted, we're recognized, and it's believed that there's a good job going on here.
JSJ	What about in the political arena? Do you feel the school of medicine has got the same support that it had when it was established?
WS	That's hard for me to answer because I wasn't here, and as you know, the establishment of it was quite an almost bloody, political fight. So in one sense I would say there is basically very good support now in that since that Board of Regents brouhaha of two years ago or nearly two years ago now, I think there's no major thrust going on to challenge the existence of the medical school. So I'd say it's actually probably better, although it isn't as exciting and hustle-y bustle-y as it was when the school was created, I'm sure.
JSJ	Do you feel there will be any change in the legislative subsidies to the university and the school of medicine?
WS	I'm not aware of any great surge for a major change right now.
JSJ	Has there been a willingness on the part of the state to accept more and more of the financial responsibility for supporting medical education?

WS	Basically that's been fairly constant over the years. I think two years ago, when this biennial budget was passed, they recognized that they had been underfunding and did a lot of correcting, changed some subsidies around, and so I'm not uncomfortable with those approaches right now.
JSJ	Let's look at the community level. Do you feel you're fully integrated into the community? Are there other areas where you feel you can improve your image and responsibility for Wright State University School of Medicine?
WS	You can always improve, and we have our detractors and always will have our detractors, and that's probably really for the good rather than for the bad. There are very real enthusiasts, there are very real detractors, and there's that 'great large' out there, that it's there and going on so they aren't very exercised about it that characterizes all sorts of interactions like that. I suspect if there was a serious threat to the school's existence, you would see the supporters galvanized, and some of the 'it's there, no big deal' people come in on the side, and I doubt that the detractors would, by any means- they might be vocal but they're a relatively small number of people.
JSJ	Are there new areas that you're getting involved with the community? New outreach programs? Is the 'Doctor On-Call' program one that you are going to continue, are there others that are like it that you are developing?
WS	Yes, we certainly hope that the Doctor On-Call continues, that like any other public program is going to be responsive to the interest and the wants of the listening audience, if there are no listeners the program won't survive. Last year it was one of the better received programs locally produced for the PBS station, even going head to head with 60 Minutes, which was very encouraging that there is an audience for that kind of program and causes us to be pleased. I haven't seen any audience figures this year. We have a number of kinds of programs under development. The weekend intervention program for alcohol and other substance abuse is spreading, we have in essence exported or transferred that technology to a hospital in Cleveland where it's being implemented, people were here from the state of Wyoming last weekend, where they are planning to implement a similar program in Wyoming, we've already helped establish programs in Missouri, so those kind of activities are going on. As far as major public relations, public education programs, I'm not cognizant of anything very brand new going on. We're, again, trying to continue to do what we do very well and not get ourselves over extended. There are some interesting prospects in geriatrics, in home education, personal education, in working with nursing homes and so forth that I hope will bear fruit and turn out to be positive and active programs. We have some prospects for expansion in the substance abuse adolescent area that I hope may come along and bear fruit, but I think it would be premature to try to go into those in detail right now.

JSJ	Let's talk about the integration into the university community. Let me turn over the tape here [brief pause in recording]. How would you characterize the School of Medicine's into the university community at this stage?
WS	I suspect it would be an ambivalent characterization, or a multifaceted characterization. We view ourselves as working hard at being good university citizens, collectively. Yet at the same time we recognize, or I recognize and I think our faculty recognize that we have some objectives, we have some physical and fiscal arrangements that are quite different than those of the rest of the university. We have some responsibilities that are quite different. So we would like to take the view that we are very much a part of Wright State University, we try to be good campus citizens, we try to participate. By that I mean that we don't really try to be intrusive into those things that are not in our area of expertise. I don't think that we are very knowledgeable or skilled necessarily in the design of undergraduate curricula. As a school, that is not our function. So we try to leave that activity to the people that are knowledgeable about it. I think we do have some knowledge of graduate programs, we certainly have knowledge of medical education and so forth and we try to take leads in those. I am sure that this medical school is no different, the other side of the coin is this medical school is no different than any other. We're probably viewed by a lot of the people on campus with envy, with fear, with uncertainty, and we're kind of a black box that sits over here, they know we're here, they're not sure we're not going to someday spew over onto them in a negative way, but they really don't understand and probably don't want to spend too much effort to come to understand what's in this black box. And I don't think that's unique to Wright State, I think that occurs everywhere I've been. A medical school is an entity that's a black box, and they know their inputs, they know all their outputs, they make a lot of noise, and they occasionally make power plays when it's in their best interest, and then they seem to disappear only to loom up again every so often. And I suspect that's true at Wright State. So we're-I think there's this ambivalence about us on the campus, I think some people appreciate we're trying to be good campus citizens and participants, others are not sure of us. It's something over there that they're not comfortable with completely, and I think our view of things is that we're working very hard collectively, some individuals more than others, to be good campus citizens, and we sometimes feel a little bit rebuffed because our efforts are not taken as ones of friendliness and so forth. So I think is kind of a healthy, normal ambivalence on both sides.
JSJ	Let's turn from the School of Medicine's future to yours. What do you see for yourself in the next five years?
WS	Jim, I've never very much in my life done anything I sat down and planned to do, in the sense of I didn't ten [or] fifteen years ago decide I wanted to be dean of a medical school or so forth. I tended to concentrate on doing the best possible job I could do as an individual in the job I was in and for the institution I worked for, and from that have come opportunities. Given that philosophy, or given that

	experience, I think I've gotten out of the long range plan of saying I want to at the age of 60 be this, or at the age of 55 be that. So my answers are very ambiguous to your question. I want to be today the very best dean that I can be for Wright State University School of Medicine, and a professor, and do that job to the best of my ability. If I do that, the future is going to take care of itself. I don't have any great drives or demands that I have to have done 'x'. It is I think no great secret that I have had opportunities to leave since I've been here, that it also is no great secret that for whatever reason the number of institutions as they're looking for leadership have asked me to and seem to continue to ask me to look at them. I think we came, went a fair way down the line towards a possible move last summer and decided- and that made a decision that led that to come to an end. So my plans are just that, to do the very best job that I can do today and tomorrow and the next day of the job I'm doing. I would be… I'm not naive enough to say there aren't jobs that if they came along I would take, if they were reasonably offered, and move. By the same token, if people are persuaded that I'm doing a good job here I'm not going to insist that it would drive me wild to finish my career here. This has been a good opportunity for me, the community has been good to me and to the family and to my wife, and we've enjoyed many of the aspects of being here. It has given personal satisfaction to both of us to accomplish some things. Not every day is happy, not every day will continue to be happy, and clearly things could occur in the school or in the community or the university that could make it a situations which I wouldn't want to persist in.
JSJ	Like what?
WS	Oh, a major change in the university away from its development- it's approach- to trying to be a first rate institution with emphasis on science and a turning away from medicine as one of the objectives of the university, a change in the state of Ohio to deciding that education didn't have a priority, a step backwards, things of that sort. There comes a time where that isn't what you came here to do, or isn't what I came here to do, that one would have to look at that very seriously. And obviously faculty and students and the community and the university have to have the right to say they're ready for new leadership, too, and I'm a firm believer in that, and I think they'll find nobody ever steps out more gracefully or easier than I will when that time comes. I think it's important to try to be sensitive to that. You know, we're going to have a new president. The new president has interests and backgrounds, and he wants to see new leadership in the School of Medicine, it will take the time that he says he wants to do that to accomplish it. I think that it's important that the senior administration of an institution to have that flexibility. You know, we're not anointed like kings or popes and put on a throne to exist forever.
JSJ	Well, this series on interviews with you have been both informative and extremely enjoyable on my part. I am sure that anyone who comes in to listen to this oral history will find that your interview series is an important and probably one of the two or three most important that have been done for this project. You've given me

	an excellent outlook on what it's like to be a dean and what it's like to run a medical school, and I appreciate that. Especially you taking all this time to talk to me at different intervals.
WS	Thank you, Jim, and it's been my pleasure to do it and I hope it's been helpful.
JSJ	It most certainly has.
	END