View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by KnowledgeBank at OSU

ORAL HISTORY INTERVIEW
OF JUDITH WESTMAN
BY LINDA STONE
AT THE MEDICAL HERITAGE CENTER
MARCH 16, 2016

Q. Hi Judy. I'd like to have you start with your full name and your place of birth.

A. My full name is Judith Ann Whetstone-Westman. Everybody calls me Judy, and I was born November 7, 1957, in Columbus, Ohio, at Mount Carmel Medical Center.

Q. We'd like to start at the beginning, because we know you're from a medical family. So we would like to know more about your memories of those early years, and anything that you'd like to include about the history of your family with Ohio State, with medicine.

A. Sure. My mother is Anna Marie Stahly-Whetstone, and my father Paul Whetstone. They're both graduates of Ohio State. Mom graduated in 1950, and dad graduated in 1953. They are still married. I can't even tell you how many years it is now. But they are 89 and 87. They were in practice together as family physicians for 50 years. And that's been interesting because they met here at Ohio State in undergrad. My grandfather, maternal grandfather, was on the faculty here as Professor of Microbiology and had done work on polio vaccines and stuff like that, Grant Stahly. They had a church on the west side of Columbus. Grandpa just let it be known that he would provide transportation, if any of the college students from the University Christian Fellowship, wanted to have a ride out to church. And then he provided them Sunday dinner. They came back to the house and grandma fixed them Sunday dinner afterwards. So that's how my mom and dad met. Dad said it was because of grandma's cooking. He signed up regularly for the trip so he could have the Sunday meal, because otherwise he was living on cheese and crackers at that point of the week based on his allowance. They got married when dad

was 19 and mom was 21. Even before medical school. So Mom was done [with medical school] a few years before [dad]. That was in the era where you graduated from Medical School and then had a year of internship if you wanted to go into general practice. I found out years later, when I was one of the Associate Deans of the College of Medicine, we had all the paper files from that era in the basement of Meiling Hall. And we found their paper files. The Dean at that time, Bernadine Healy, allowed me to take those files for my own, because they were done, and for Mom and Dad's 50th wedding anniversary, I presented them copies of their files. It was fascinating because, as I looked at those files – first off, in her class – Mom was one of four women in her class, 1950. And she graduated first in the class.

Q. Oh, that's great.

A. Never once in my life had I heard her say that she graduated first in the class. She never made a big deal out of it. My father did not graduate first in his class, but he graduated. And mom, while waiting for dad to finish up his stuff, worked for three years as the Associate of Charles Pavey, who was a renowned obstetrician with an office just north of campus area on High Street, now located at Pavey Square. She was his assistant and delivered babies for three years with him while waiting for dad to graduate.

Q. Perfect training for going into general practice.

A. And they went out and set up practice in Millersport, Ohio, the hometown of Charles Zollinger. And Robert Richards. And Dr. Bob Zollinger, you talked to different members of the family and some will pronounce in Zollin-gh-er and some pronounced it Zollin-j-er. But I knew his mother. I knew Dr. Robert Zollinger's mother. She was a cantankerous lady in her 90s when I was a kid. But I went to visit her and played with her cat. She let

me eat her mulberries from her tree without chasing me off. But Dr. Robert liked mom and dad [when they were] in medical school here. He specifically arranged for them to go out to Millersport because he wanted somebody good to be out there and be available to take care of his mother. So they went out there and mom and dad – with their church involvement and everything, they had been contemplating missionary work. There were a number of missionaries on mom's side of the family. And they went out to Millersport and felt it was a mission field, and that was where they would go for their mission work. Many houses didn't have indoor plumbing in the mid-1950s. There was no city water or sewer, and a lot of things like that. It was a town then of about 800 people. It's a town now of about 900 people. So it's along those lines. But they went out there and set up an office and just became the primary care physicians for that town and the surrounding area.

They recently showed me a log book which, from the time they started out there, they kept track of every delivery that they did. The mother's name, was it forceps, was it a C-section, was it a normal vaginal delivery, and the weight of the baby. And they had this log book with 900 deliveries in it over the course of their experience there in Millersport, until the time they stopped delivering babies, which is just a phenomenal thing. I was looking through this log book – this was pre-HIPAA [the federal health information privacy law] – and I was recognizing the names of these women and saying, "Oh, that's my classmate. That's her birth record." And recognizing all those things. So their legacy out there in Millersport has really been phenomenal and they set up such, well mom has the brains and dad has the common sense, he set up this wonderful business model in the office. They've had an electronic medical record for 30 years, as

compared to our recent forays into that area. He still is the business manager of the office, even though he retired in 2000. And they've created a wonderful modern facility that has attracted more physicians in. So the town still has physicians, which is wonderful. And they were even approached by Fairfield Medical Center a number of years ago. Millersport is 15 miles north of Lancaster. And that's 15 miles south of Newark. So it's right in the middle of nowhere. So which hospital system do people work with? Because of whatever happened, they ended up affiliating with Lancaster. And mom was the first female physician in Fairfield County, which was also spectacular. But Fairfield Medical Center came to them and said, "You order more mammograms on women than anyone else in the county. We'd like to build a facility on your office where we can do digital mammography, and you can just send people to the back of your office for digital mammograms." The images are transmitted to the radiologist electronically. They get opinions right away. There were specialist offices back there and people from the hospital can come up and do specialty visits as needed, those kinds of things. And the phlebotomy lab, a small lab to do things. All because they were ordering more preventive medicine tests and assessments than anybody else in the county. So good medicine.

Q. And you grew up in that environment. How did you develop your own journey into medicine?

A. It was nice. I had a mother who was a professional role model. She worked all the time when I was growing up. I have three brothers. She would work right up until delivery, go back six weeks later. So I grew up with the premise that you can work and be a mom. She had some help in the home, and that was fine. I didn't want to be a doctor for a really long time because mom and dad, because of delivering babies, had a really rugged

lifestyle until they stopped that. If a baby was coming due, we could be in the car on the way out to a family gathering, and dad would say, "I can't go. I have to go to the hospital." And the hospital was 15 miles away. So, I fought that kicking and screaming. But, on the other hand, I grew up just being able to go down to the office. I grew up in the environment, talking with the nurses, being around them. When I was in 8th grade, I worked for the summer in the office, as essentially front office staff. I was helping with billing. I was checking patients in, checking patients out, collecting money. They had a little dispensary area in the office, and I counted pills and filled the orders for medicine, as an 8th grader, which is pretty amazing. We didn't think of letting our 8th graders do that. But that was fine. I can still use a little tongue depressor and count pills by fives and put them in the container.

Q. And office dispensing was common?

A. Exactly. So that was fine. I think in 10th grade, I again worked for the summer for dad, doing some things for him, cataloging his private coin collection that he had. But part of that was he let me pay the bills for the office. So I got to see how to do that. My mom said, "He's letting you pay the bills? He never lets me touch the bills." And so as a 10th grader I was doing it. So I kind of grew up in the environment but because of the lifestyle issues, really wasn't interested all that much in medicine.

Q. That was the office right with the house?

A. No, it was not with the house. The house was at the edge of town and the office was downtown. Now in a town of 900 people that's a quarter mile walk. But still, we had some separation. But it was fun. I grew up seeing the relationship between my parents and their patients and the people in the community. We would always get baked goods

and things for holidays and what not. And the rule of thumb was, we were not allowed to touch any of the baked things or anything that was delivered until dad knew who had delivered it. And then he would say, "We can eat that. That's good. Or, I've been in their house. I've seen their kitchen. That goes in the trash. I would not eat anything that would come out of their kitchen." Cause they did house calls and visited with people. I grew up with the big black bag that they took everywhere. Mom would take me to Lancaster Hospital when she made rounds on patients. And in that era, the physician's lounge was adjacent to Medical Records, Medical Transcription office. And there was a door that connected. She would leave me and the ladies in the Medical Transcription area would keep an eye on me, while I kind of diddled around in the doctors' lounge. There were mailboxes for all the doctors. I was there so often that they would give me the mail to sort. And so I would be putting patient reports, the typed patient reports, again before HIPAA, in the different mailboxes, and I would read them on occasion and look at them and put them in there. So little things all the time. But finally, I think it was in high school, I was interested in Science but again, not Medicine. And started taking aptitude tests. They came back and kind of said, "Medicine is your number one aptitude." And that surprised me. I was not thinking of that at all. So by the time I went off to college, I kind of realized that kicking or screaming medicine was probably the way for me. I wasn't sure whether it was Family Medicine like mom and dad. Cause while I saw some of the good things about being a physician in a small town, I also saw a lot of the challenging things about being a physician in a small town. And I also felt very strongly about, if you are going to do it, you need to do it well. There's an aspect of just giving your all to that. I wasn't sure I was ready to fully commit to it. But I went off to college

and did well in school at Ohio Northern University, and ended up applying to Medical Schools. At the time, I wanted to stay in the State of Ohio. This was now, I graduated in high school in ’75, from Millersport High School, which is an underprivileged high school. We had a graduating class of 44. So I was a big fish in a little pond. I didn’t want to go too huge. That was why Ohio Northern, but still kind of managed to do well there. And found a bit more of my niche. It’s hard to be an intelligent, tall female, in a class of 44. Your social life is pretty much nil when it comes to dating and things like that. So it didn’t quite hit any strides there until college. But still didn’t want to leave too far afield from that. Still kind of a small town kid. So just applied to Ohio Medical Schools. And Ohio State was my first interview in October. It was, if you’re familiar with the timeline of interview. That’s early in the process.

Q. So you had to have a great record to get in.

A. And I went in to the interview room. The day before the interview I was sweating bullets. It was a Monday interview. And Sunday night I was walking on campus at Ohio Northern and just all tense, with my knickers in a knot and everything. I had been out on a traveling musical group in the morning, where we sang at a church. And introduced a song based on Psalm 55, and the text is, “Cast your burden upon the Lord and He will sustain you.” And that was the song I always introduced for the group. But as I was walking around, it was literally almost as if a voice said to me, “You hypocrite. You can introduce that song but you’re not doing it.” It was kind of a Gibb-slapped, to use an NCIS term. That type of thing. And I stopped and said, “It’s yours.” And literally from that time I had no nerves about the whole process. So I would say, that to me was kind of my close encounter with God, that experience getting into Medical School. So I came

down to Ohio State on Monday, walk into the interview room with two individuals, one of whom was a local neurologist who was around for years, James Parker. But they shook my hand and said, "Well, after reviewing your credentials you'll have to talk us out of accepting you."

Q. What an approach. Oh my gosh.

A. That's not what I was expecting. Cause I had been very candid in my personal statement about my struggle with medicine or not, and how I had finally come around to it. And I think that they accepted the fact that it really was a personal decision for me at that point, not just the family line of business.

Q. That would be the big thing they needed to know.

A. And I addressed that straight up in the personal statement. So came into Medical School at Ohio State, got accepted in some other schools, but I just felt so positive about OSU and mom and dad had graduated from here. It was comfortable. It was home. Again, being in a small town, kind of having home was nice. I ended up staying at an apartment north of campus owned by Dr. Pavey. It's right across the street from what is now Rardin Center. It was on Northwood Avenue. And so again, all the pieces came together, and that was kind of one of those things, mom and dad were concerned about their little girl going to the big city. So they talked with somebody they knew and he set me up with an apartment there. It was marvelous. So went through school here and it was the three-year curriculum period at Ohio State, which I still refer to as the three worst years of my life, because we just were pushed through like cattle through that. You barely got your mind wrapped around anything. Also in that time period, I had met my husband, David, while at Ohio Northern. We had gotten engaged before I came to Medical School. He went to

Purdue to get a Master's degree in Engineering. So it was a good way to do the first year and a half of Medical School. I was not distracted. And that was before cell phones and everything. So we had land lines and long distance calls were expensive. We called once a week and talked to each other and watched M*A*S*H while we talked to each other on the phone. That was the social time. So I got married while in Medical School. And went through that. Was on Dr. Robert Zollinger's rotation in surgery. After I got married, he recognized me and called me out on it. I changed my last name. There were too many Dr. Whetstones in the family so I took my husband's name, Dr. Westman. Ended up, because of my husband's job which was in aeronautical engineering at the time, and you didn't move if you had a job in that, trying to match in Columbus. And I like I said, I was going Family Medicine. And I interviewed at the different Family Medicine programs and I said, "I'm staying in Columbus. I had a good time in Pediatrics at Nationwide, so I said let's just see." So I interviewed at Nationwide, which was before it was Nationwide, just plain Columbus Children's Hospital. And then really liked that. It really gelled for me and felt comfortable there. I'm a big one about feeling comfortable and content. So I let the match decide my specialty. I ranked Children's first, then the Family Medicine programs after that. And got into Children's. So ended up in Pediatrics.

Q. A good way to do it.

A. So I was fine. I thoroughly enjoyed that and went on to really enjoy working and diagnosing children with developmental issues and congenital malformations. So ended up in genetics at Nationwide. Actually did my fellowship there. They created a fellowship for me that was Board certified. I was chief resident before I did the fellowship. Grant Morrow, who was the head of the hospital, was one of my principal

mentors of that era. And he was very encouraging and helped me publish a major study as a resident and chief resident. So very encouraging there. There were still some issues with the good ole boy club, even with Grant. My fellowship director was Annemarie Sommer, and that was a very interesting relationship. I learned a lot from her about how not to be a mentor. And became very self-taught during my fellowship, which is an okay thing. I was given access to patients and access to materials that I could teach myself how to do stuff. That's pretty much what I did.

Q. Then you slipped into practice there?

A. I was in practice at Children's Hospital with Annemarie and me. There were people that accused us of being Clark Kent/Superman, because we would never been seen at the same place at the same time. That's kind of how well we got along. I did pediatric genetics and prenatal genetics with the maternal fetal medicine people. And biochemical genetics. And everything for nine years at Nationwide. Towards the end of that time period encountered a young man who is a friend of the family, who developed an osteosarcoma of the humerus. In trying to be supportive to them and help explain to them what they were going through, I started reading a lot about cancer and saw very much how cancer and genetics were related. This was at the beginning of the whole concept of cancer genetics. So in 1996, when the James Hospital here started to looking to set up a cancer genetics program, they had been hunting and hunting for an oncologist who had an understanding of genetics, and none of them did in that era. But the reverse. So they said, "It's easier to teach a geneticist oncology than an oncologist genetics at this point." So in 1996, I left the pediatric world and on loan from the Department of Pediatrics came over the set up the clinical cancer genetics program at the James. Then a year later, Dr.

Albert de la Chapelle came in and became Director of the division. And Albert was another mentor who was very supportive. Didn't understand the realm of education worth anything, but was very supportive and helpful. And his wife, Clara Bloomfield, was an amazing female mentor who was supportive. She is kind of a hard-nosed lady who a lot of people can't get along with, but I found her to be very direct and honest, and willing to give of herself if you accepted that she was direct and honest. And really appreciated her.

Q. And that's how I think you've been, just through the years, you're a very direct and honest person. So I think you would appreciate that.

A. My whole thing is, I have to be true to myself. I have to maintain my sense of integrity in whatever I do. And as long as I'm able to maintain my sense of integrity in things and feel like I'm not being hypocritical or being asked to do things that I don't believe in. That's my definition of success. I don't care about salary. I don't care about position titles. Am I able to do something well and do it with a sense of integrity? So I did cancer genetics as a practice then, and also adult medical genetics. So I'm having to re-learn internal medicine. So I kind of came back around to the family medicine.

Q. You did, you did. Cause I think during that era so many of us in family medicine felt there were definitely connections with some of the things. And it's been proven.

A. And because of my background growing up in family medicine, I have a real sense of the entire family unit. It's not just the patient right in front of you. It's the entire family that's important.

Q. And you brought all that together, the pediatrics, the genetics, the view of family medicine.

A. And I also appreciate the small town practitioner. So this ivory tower sense of, "We're wonderful and you all are morons," never went there because I said these are marvelous people out there on the front lines, and until you're in their shoes, don't judge.

Q. But that breadth of thinking really came into play in where you went.

A. That and my mother. As far as mentoring, she still is probably one of the best, because I'd have a bad day and she'd look at me and say, "If you want to be a physician you've got to get over that attitude, young lady." Alright. Or she'd say, "You know I would really appreciate getting letters from my consultants that weren't filled with abbreviations."

Q. That's a wonderful thing to say.

A. And things like that, that I could rely on and count. And then I got to the point that if I could explain something to mom and dad, mom particularly with her training back in the 50's, but she did board certification even when she didn't have to. She recertified and was disappointed that she only got in the 98th percentile on the board recertification exam. That's another story. If I could explain something and have her understand some of these new-fangled scientific concepts in genetics and everything, I figured I could explain it to just about anybody and get it across. And so that was very helpful too.

Q. How did you come into administration? Because you've handled a lot of roles here at the OSU College of Medicine. So let's move into that era.

A. When I first became faculty, shortly after my fellowship, I was invited to serve on the Admissions Committee at the College.

Q. That was your link.

A. That was my link. So I finished my fellowship in ’87 and it was in ’88 that I was asked to be on the Admissions Committee. So very junior faculty being asked to do that. And it was interesting because we had some good ole boys on the committee and they would sit there and make comments, look at the pictures of the young female applicants and comment on how lovely they were.

Q. I think I got the tail-end of that because you were definitely very active by the time I was on the Admissions Committee. But those comments were still there.

A. I think at that point I got a reputation for being able to handle the good ole boys, in a nice way.

Q. Respectfully.

A. But to just kind of put them in their place. There was one time when Ernie Johnson, particularly, bless his heart, was going on about the picture of this candidate. And the very next candidate was a young man who was out of the military. And he had his military photo with the uniform and everything in the application packet. And I was presenting this and I just started gushing about how gorgeous he was in his uniform. And all the other women at the table picked up on that and all of them started going, “Oh yes, he’s just so gorgeous.” And it kind of made them think, in a way that wasn’t confrontational.

Q. You made your point.

A. I made my point. The very next year, so I was on the committee one year like that, and the very next year they asked me to chair it.

Q. Cause when I joined you were chair.

A. So I think that combination of skills and the Admissions Committee in that era was in the cracks. None of the Associate Deans was overseeing it. They left it to the Admissions Director, Liebert Morris, and the chair. And there was no oversight. There was no guidance. So I took it upon myself to do some basic quality control things and implement some aspects. We converted the interview from hazing to recruitment process. We improved the process of pre-screening interview, or applicants, before inviting them, and things like that. And I think really did a lot along those lines. To the point that when Bernadine Healy became Dean in 1996, she asked me to be the Associate Dean for Admissions. And so I signed on at that point. But I had spent six years as chair of the Admissions Committee with no oversight. So I was kind of setting policy and doing things that shouldn't have been done, and was probably in violation of every LCME [Liaison Committee on Medical Education] accreditation standard known.

Q. But you built the foundation on what we have today.

A. Yes.

Q. And it was the organizational skills which you are legend for, that really helped move admissions in that direction.

A. Yeah. So I got to do that and recruited the next Admissions Director after Liebert left. Then Bernadine's initial cabinet, and I would call Bernadine Healy a mentor as well.

Q. She was a no-nonsense person.

A. She was another no-nonsense person. And I appreciate that. But she encouraged me to look farther at being a Dean, even a Dean Dean, a big Dean. And had me participate in the Executive Leadership for Academic Medicine Program at Drexel. And mentored me with that. And that was wonderful. It was a year-long fellowship, mini MBA. My project

that I took on was to delve into the finances of the College of Medicine and the University and how it worked. And because I had the Dean's blessing, Pam Joley Boyer here at the University, who was our Chief Administrative Officer, and the main campus, they opened their books to me. And I got to look into the black box and try and make sense of it, and realize just how nonsensical it was in a lot of ways. But I developed a real understanding of the financial aspects of the College of Medicine. It was also a good year of self-reflection for me, being in ELAM, because I looked at that and said, "I don't want to be the big Dean. I don't want to spend all my time fundraising and schmoozing and stuff like that. I just want to be kind of a mid-level Dean. And take care of the things that I want to." So it was very intentional on my part. I'm not going any further than this. I have no desire to. That would be the Peter Principle for me and I'm not going to go there.

Q. But then you moved.

A. I moved all around.

Q. I think you've had all the jobs.

A. I have had all the jobs. So after one year in charge of Admissions alone, the person she had named as Associate Dean for Student Affairs did not work out, was kind of absentee landlord and really needed somebody on site. So I took over Student Affairs. So I was Associate Dean for Student Affairs and Admissions. Then after the ELAM [Executive Leadership in Academic Medicine] project and everything, we were doing some things and talking to Dr. Healy one day, and we went out for a dinner, and she was saying, "I've really got to do something about this Medical Education." We needed a change in the Medical Education Dean. And I said, "Why not me?" And she kind of looked at it. One of the things that I learned at ELAM is that there were a few things that are kind of career

stifling, and Student Affairs as a woman, is career stifling, because they see it as a mommy role. You don't go any further than that. While I can tell you I like the mommy role, I didn't want to limit myself. And they said one of the things was, if you know the money, then you can do things. And so doing the financial project let me know the money. She didn't want to let me have all of Medical Education, but I took the first two years of the curriculum. And then Jim Hoekstra took years three and four. And the two of us worked together, and it was a brother/sister relationship.

Q. You still had Admissions and Student Affairs.

A. I still had Student Affairs but now I passed off Admissions to Mark Notestine and he became an Assistant Dean. He reported to me but I was no longer day-to-day management. And so kind of backed out of that.

Q. So both of those areas, Medical Education and Student Affairs.

A. And Student Affairs, I was the first person that got a handbook together in an ongoing fashion rather than every four years. So something that people could go online and find it immediately and know what the policies were, worked with the match aspects and created databases.

Q. So you really were an advocate for the students, cause a lot of things you brought in during that time period elevated the students.

A. And I wish I could say that I was just marvelously intentional about all this, that I want to do X, Y and Z. But I think a lot of times people would come to me with this idea and I would look at it and say, "This sounds great. It fits with our overall mission. Let's go for it. What can we do?" And what I did more was, I put together the resources to try and help people be successful.

Q. I think that's what I found about you, yes you asked the question, but you were positive about other people's ideas and encouraging.

A. I'm also a realist which sometimes, because I would try and not poke holes to deflate but ask the challenging questions. Have you thought of this? What's going to happen here? Because I think one of my strengths has always been, let's look at the process and see, how can we fix the process to make it successful? … But from the white coat ceremony I brought in our first Student Counselor, Patti Frertel, mainly cause Patti had worked with me when I was doing the maternal fetal medicine stuff.

Q. That was a huge step.

A. And we did a whole series on seminars on how to give bad news to patients. And by that time Patti's son had gone through Medical School, so she had some familiarity with that. And as we put that together I said, "You've got a learning curve here but you already know it by having survived it with your son. And I know that you know how to evaluate people and you can give bad news and you can be supportive." So I brought Patti in. And that really did help tremendously.

Q. But now you're building two big areas. Today multiple people.

A. We did curriculum revision on the Medical Education side and did away with silos of education and created more modular blocks. And that was before the current LSI curriculum. We already had modules existing in the curriculum, and tried to bring in team-based learning and all sorts of different things. And then we had a lovely Dean who came in and he said he wanted everybody to be open with their opinions. He didn't want any yes people around the table. Unfortunately, I thought that was actually a true statement on his part. It was not. I opened my mouth. Just one little error of judgment

there. But if I hadn't kept opening my mouth I would not have been true to that guiding principal of integrity for me.

Q. And plus you also had two very large growing areas under you. So it was time for a change.

A. It was a good thing but it came about, I was also spearheading the accreditation site visit at that point. And I had opened my mouth a few times and countered the Dean in some more public forums. And that probably wasn't bright on my part. And then we came to an episode where the students, there was evidence of academic misconduct by a significant number of students, passing exam questions along and doing some things. And so I had a meeting with all of that class, and I lit into them about, it's wrong, it's about your patients, and those of you who aren't involved, if you are looking the other way you are still involved. I did it theatrically, which was over the top, and I shouldn't have done that. I don't apologize for having confronted the class. I do apologize for how I did it.

Q. But it was the heat of the moment too?

A. It was semi-planned. My theatrical approach was semi-planned, so that was wrong. The challenge was I did that after discussing it with the Vice Dean and the other Associate Deans, and we agreed that that would be the approach. And then the students went to the Dean offended. He called me over the carpet and none of the other Dean staff said that it had been a joint decision. So I just took it and that is the way it is.

Q. It's hard but you accepted the responsibility and said, "Now I've going to move on."

A. Yes.

Q. That is hard though.

A. But again, some soul searching came out of that. The Vice Dean though, did go to the Dean, because the Dean wanted to fire me at that point. And the Vice Dean said, "You can't fire Judy. She's in charge of the accreditation process, and nobody else can take that on at this point."

Q. But also I think the Vice Dean knew so many of your attributes, knew that we would be so much less without them. I applaud him for that, standing up and saying, "All right, don't make a snap judgment here," because this whole episode is being responded by a snap judgment.

A. So while the Vice Dean didn't say that he kind of condoned my actions on this, he did go to bat for me. I am very grateful for that.

Q. It really saved the college.

A. What happened with that then, is that they created this little category for me called the Associate Dean for Medical Education Administration. They brought you in in charge of Student Affairs, which was a wonderful step forward.

Q. I loved working with you. You were a wonderful mentor, because this was all new to me, and you were an amazing mentor.

A. Then they took Dan Clinchot, who I brought in as head of the medical humanities, then he had been elevated to the Med 3-4, and they made him in charge of all Medical Education. And they took away anybody who was reporting to me, thinking I was not capable of taking care of people. And while that hurt at the time, it was so nice. But then we developed this rapport in the office and the work on things. I was still able to use all of my process assessment skills and my financial aspects and do some things.

Q. Well, you mentored all of us, you and Dan, Karen and I, you were, I should say the mom to all of us, but you really mentored all of us in our jobs. So you were the catalyst.

A. Thank you for that. And we had a wonderful and fun time in that office. Friday afternoons at 155 was just amazing. And when I eventually left in 2008 and went to clinical genetics full-time, then I came back in 2012, because they were implementing a new curriculum and they needed my peculiar set of skills to make it happen. But that Friday afternoon, and I left in 2008, all the staff said, "We will miss the laughter."

Q. Friday afternoons, the stories, the laughter, surviving another week.

A Being able to laugh at this whole process is what's been really important to me, trying not to take myself too seriously. I try not to take my job home. My husband and I, we have four children, and they are all raised and launched and out of the basement and married, and earning their own way at this point.

Q. Talk a little bit, you did all this while you had a family and twins played a prominent role.

A. We have two sets of identical twins. The boys were born first in 1982, and then the girls came along in 1987. I just tell everybody that I was into cloning before it was cool, because they are identical. And my handle is "Clonemomma," when you look at some of the web sites and everything. But having had the model of my mom as a professional woman who always worked, I said, "It's okay to work and be a mom." My general advice to the students even is, when they're babies they won't miss you. Other people can feed them and keep them warm and dry and things like that. They knew you're the mom. They're not going to forget you're the momma because you were carrying them, they know your voice. That's not the issue. But if you don't have your time figured out by the time they're in school, that's the problem. Because when they hit school you need to be

there for homework, for support, for helping them along. Not that you go to field trips and bake cookies for the class, but you need to be there at that point, because if it's their peers raising them at that point, then Houston we have a problem. And that's how I tried to do it. We came out of that with kids who haven't completely rejected our faith and values, and who still talk to it as adults, whose company we enjoy. They've married wonderful people.

And so we came out of it on the other side. There were times when I was kind of doing the single parent things, because my husband was commuting a long distance to work. And that was challenging but trying to leave what I did at work, and then family at night. That was the nice thing about genetics as a profession, because the night call is very limited. That was actually one of the reasons why I chose genetics. I like it but it was going to allow me to provide good quality care and still maintain a work/life balance. I didn't have women in the home all the time like my mom did in a small town. In Columbus, the economics were different. You couldn't really do that. I did have some in-home child care when the kids were little but they weren't cleaning and cooking for the whole family like I had growing up. So I still had to do all of that. But it was good and we survived and ended up with, the boys are in, Matt is in a technology field and Joel is an elementary music teacher. Music has been the family's passion and we've all done music from my grandmother Stahly who was a church organist, to my mother who played church piano for a long time, me piano and organ and my husband sings. So music is a big part of our family life. Daughter Rachel went into genetics as a genetic counselor, and kind of like me, kicking and screaming the whole way, until she made the decision for herself. But she and I, it's wonderful at this point, because while we clashed heads

regularly, she's as obstinate as I am, she's now doing a marvelous job in her profession and we have again, just like I'm a second generation female physician, Rachel is a second-generation genetics professional. And that's really unusual as well, for as new as the profession is. But she and I can call and talk and get ideas from each other and swap information. When she was studying for her boards, I'd get these phone calls and she would say, "Okay, mom, explain for me the whole concept of thalassemia." And so I'd go through that with her. And then daughter Debbie is a nurse, certified in neurology, and is working as a research nurse in the Alzheimer's field down in Emory in Atlanta. Debbie probably could have become a physician if she really wanted to, but both girls have learning disability and a reading, writing issue. And I encouraged them from high school, "Let's not look at medicine because the reading and the writing stuff, while you are able to get by at a very high level, that extra fire hose volume in medical school, I've seen it just put people completely under, and I think you can find a career that would be very satisfying, that won't put you through that agony." So I talked them out of medicine as a career because of that. But they've both been highly successful in the areas that they've chosen and they are very passionate about it. So it was fine.

Q. There are a lot of things that you've mentioned as we've gone along that renewed and sustained you as a person. Certainly your family and music, but your faith has also been a very big part of your life. Why don't you talk about the things that are closest to your heart?

A. Sure. My faith definitely for me and for my husband. That's been a journey as well. My parents grew up as, my mom grew up as Mennonite, not the old order Mennonite with the bonnets or anything, but new order Mennonite. The church that she and dad met in was a

Quaker church, Evangelical Friends. And then when they moved out to Millersport there were no churches like that. So they joined the United Methodist Church out there. So I grew up in the United Methodist Church. When I came to Columbus to Medical School, I went to the church that they met in. And we worshipped there for a number of years. I played the organ there and fit in well. And then I currently go to the Meadowpark Church of God. I would say, we've looked at things and some of the things we certainly felt very strongly about in the past, we are less certain about now. Aspects of dealing with people who love each other of different sexual orientations and things like that. It was black and white at one point in my life. And it's not at this point. And then I learned a lot from our daughter Debbie. She and her husband spent a year in mission work down in Atlanta. That's how they ended up in Atlanta, living in a very underserved part of town and working with people there. It was for an organization called Mission Year. And the motto of Mission Year just makes sense to me. Love God, love people, nothing else matters. So it's not anywhere in there to judge people, love them if they are exactly like me or do stuff. It's just love people, nothing else matters. And I found that to be so freeing, because I don't care anything else about the person. They are a person, therefore I am called upon to behave towards them in a certain way. That's just very liberating. And I grew up, it was interesting cause I had a grandfather who was a faculty member, so this thing about evolution and science, of course it co-exists. What is there to argue about here? So there's a lot of aspects of that, that are kind of unique to our family structure. You think, you challenge, you ask questions.

Q. And of yourself as well.

A. Yeah. And you ask questions of God, that's okay.

Q. That's a good point for us to pause, because we're coming into another section. I thought we would go into at this point, you've had a lot of these administrative roles and you can talk more about if you'd like to. But your opportunities have been here at Ohio State. So I'd like you to talk a little bit about what Ohio State means to you.

A. Ohio State has certainly been a place that has enabled me to work and do the things that I wanted to do and provide support. And there's been a nice combination of flexibility and structure, that's kind of helped that process. Yes, it's a giant bureaucracy and yes, that gets frustrating at times. But I've also learned, that if you have a giant bureaucracy, there are ways to make it work to your advantage. And if you change bureaucracy rather than just go off rogue, then you've changed the whole system, so that from then on it helps everybody else. If you go rogue, it's usually just helping you. It's not helping the whole. So I've always tried to fix the bureaucracy when I can. And so OSU, it's quite a large bureaucracy in which to work and try those things. I think it's a nice, it's that land grant attitude, that I really find meaningful. It's not just ivory tower; it's also down in the dirt. And that's literal for the extension agents. And it is a state institution. So you have street cred just by putting that next to your name, and I am honored to be a Professor Emeritus at Ohio State University. Still can't call it The Ohio State University. And so I really wanted that title, Professor Emeritus once it was earned, because that's highly meaningful to me. So yeah, it's enabled me to have that success with integrity that I've wanted. Winning a popularity contest is not meaningful to me. That was from when I was in high school. I learned that that wasn't what made me tick. So that's probably one of the biggest things at Ohio State. I am not an unabashed fan of everything. I'm a realist about its strengths and weaknesses. So I'm quite happy, and as I've gone around the country

and looked at other institutions, it's always fun because we're okay where we are. I mean, I love Columbus as a community for living. And so that's wonderful.

Q. And that flows right into, what do you think your legacy here is, what Ohio State's done for you, you've done a lot in return for Ohio State. And what do you think your biggest contributions have been? And I know it's hard for you to talk about what you've done. But please set the humbleness aside, and tell us what you've done.

A. When I left the college side in 2008, I was asked to put together a list of things that I'd accomplished for the then-Vice Dean to recite during my retirement. And as I put that down, I started to say, "Damn, that's a nice list." Sorry mom, if you read this. But yeah, I think there's some aspects of the infrastructure of the College of Medicine that I put together financially. For instance, I was able to funnel money so that we could do a lot of building renovations and create a scholarship pool for the students that didn't exist before. So being able to do that, I felt very nice about that.

Q. Your scholarship work really was the foundation on which we've built the current financial services for our medical students.

A. So there's that. I think the attitude of constant assessment of what we're doing, and just because we do it doesn't mean that's how we're going to do it next year. Everything has to be looked at critically and if it's working fine, how can we make it better. If it's not working let's cut it loose or fix it. And I think that attitude of, whether you call it continuous quality improvement or whatever, it is CQI, but it was done without a formal CQI structure. Just kind of getting that attitude. Other people talk about, we only review our curriculum every eight years and we haven't changed the curriculum. We change it every year. If it needs to be changed it gets changed. That type of approach to education,

I think. There's an attitude with the students, while yes they are our customers, there's also the aspect that they are not our first customer all the time. That society is our first customer. And because of that, there are times when we have to cut students loose. In the interest of society, the student is really better served by not practicing medicine. Or in the interest of that student, they are mis-fitted in the field, and they would be much happier in a different profession where they can be content, like I did with my daughters. Let's find a field where you can be passionate and content. This isn't it. If your mom and dad wanted you to be in medicine and you're not happy here, why are you here? So asking some of those questions. I think I've had some quiet successes one on one with students, in helping to guide them. I would say that redirecting some people out of the College of Medicine was one of the best things I've done. On the clinical side, I think creating the clinical genetics program at the James. From seeing the patients and getting everything done. I think that was a huge thing there. So on the college side I think it's more attitudinal and structural than any specific thing. But it's interesting because I have always, whether the students loved me or not, there were times where I kind of had to be the principal of the high school, and that's not a popular position. Sometimes dealing with faculty can be challenging, although my statement is, if you've got a bad student you have four years and they're gone. If you have a bad faculty you have them forever. So you want to be careful there. I have always felt that my relationship with the staff has been one of the most important things. More than with the faculty and students. I kind of regularly would make staff rounds and stop at people's desks and chat, and treat the staff as if they knew what they were doing, rather than are idiots that have to be commanded.

Q. No micro-managing if you're the right person for the job.

A. And sometimes things fall through the cracks with that. When that happens, one fairly large time it happened. Rather than have a fit with the people and the two gentlemen came to my desk and were sitting across from me and they were just cringing, cause they knew that they had messed up. And I just looked at them and said, “Okay, you messed up. What have you learned from this? And what are you doing to make sure it never happens again?” Why yell after the fact? It’s senseless.

Q. You respected the person, and then went through the process. How did this happen and how do we keep it from happening again?

A. Not all interactions with staff were successful. That is what it is. But I also, while there were times I clearly take blame for and say I was at fault in this, I’m okay with apologizing to people when I’m at fault. But I also look at people and say, “You have some control of this.” So I’m not a scapegoat for everybody. I think that’s my legacy.

Q. Well let’s move into then, if were giving a last lecture and you could chose who the audience would be, is it going to be a mix of all the people you worked with? Is it going to be for medical students? Is it going to be for everyone? What things would you impart that you felt you learned as you went through, and that you would love to have others know? And this can come from faith, family, profession, your experiences as an administrator.

A. I would probably want to talk to young women, whether they’re pre-med or early medicine, but young women. And talk about the importance of work/life balance, the importance of as a woman in medicine, yes you can do it. But know you can’t do it all. You do have to pick and choose. And it’s very unusual, I feel blessed that I’m still married to my first husband. I call him my first husband to his face because I don’t want

him to get cocky. Our kids are launched. I’ve had reasonable success in the Columbus environment. I have some national reputation but I’m not a huge national name, and that’s okay. It took me longer to go through the promotion process than some, because I was doing the joint administrative/academic stuff. And that’s okay. But you can’t have it all. So if you want a fast track academic career, can you do that and have family, and a successful marriage? There are choices that you have to make. It’s okay to make choices. And that would be my message to them. But it’s important to take that time of self-reflection and do it. It’s also important to me, to tell people, be honest and true to who you are. Don’t try to be something you’re not, whether it’s to your parents or other colleagues. Be who you are.

Q. That’s great advice.

A. And also as young women, find your life partner who is compatible.

Q. You and I talked a lot about this when we were working with medical students. I think your message to young women is right on.

A. I think, just like I had challenges in high school, no social scene, I think women in medicine try so hard to be accepted by a partner, that they aim low and get low. And no, aim high or don’t get, because if you have somebody who isn’t intellectually curious like you are, isn’t willing to do some things, I mean my husband and I were best friends. We talk about music and sports and different things. I just don’t talk medicine with him.

Q. It’s a good trade-off.

A. It’s a wonderful trade-off.

Q. You’ve got lots of people to talk medicine with.

A. But that would be my one thing, these smart women have such low self-esteem, and they feel they have to take whatever life gives them in this way. So that knowing who you are and being okay with who you are, warts and all, is fine. That would be my legacy, to talk to them.

Q. We've traveled through a lot of questions today. Did we miss anything that you'd like to talk about? Any pearls of wisdom that you'd like to leave us?

A. No, I think that one of the challenges, particularly in academic medicine and people in the Dean's office and stuff, you really do need to listen to people who don't necessarily agree with you 100%. You don't get adequate change. If you have somebody who is asking the tough questions and who is not in full agreement with you, you also don't go blindly down pathways just with a heard mentality. You think about it and work on it and come up with a better product at the end.

Q. Thank you. We really appreciate you sharing your story, the story of your family, and we definitely want to interview your parents. Thank.

A. Alright.