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Dr. J. Robert Suriano interview (2) conducted on December 5, 1984 about the Boonshoft School of Medicine at Wright State University

J. Robert Suriano

James St. Peter

WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

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Interviewer: James St. Peter

Interviewee: Robert Suriano
Interview 2

JSP	My name is James St. Peter and this is the second in a series of interviews with Dr. J. Robert Suriano, associate dean of admissions and student affairs in the Wright State University School of Medicine. The date is December 5, 1984 the time is 11:00 AM and Dr. Suriano and I are in room 013 B of the television center here at Wright State University.
JSP	Dean Suriano, I'd like to cover in this interview some of the student affairs aspects of your role in the development of the School of Medicine. When you first arrived here, what were your responsibilities as far as student affairs? Now were admissions more important than student affairs at that time?
RS	Let me correct perhaps a philosophical point that we are to start out with. There's a tendency to separate out admissions and say that's not student affairs. In the concept I tried to develop you are looking at how we should develop this office and how we should staff it and how we should organize it and present it and so on. We always looked at admissions as one aspect of student affairs so that the office is the office of student affairs/admissions to emphasize the interrelationship of those. Admissions is really one end of a wide spectrum of interests and activities is that I felt the office ought to have a responsibility for. Obviously when we started, the first function of the office that we had to be concerned about was the function that related to the admitting of that first class. So admissions as a function of the office came first. But as we moved towards having students in fact here, and had them here, we had to set in place those processes that related to the function of dealing with students. So we dealt then with how would we organize our support services- academic and nonacademic- that related to students that we would in fact have been rolled it would be present on campus within our facilities.
JSP	So if admissions is a part of student affairs, are there other subdivisions of student affairs that you tried to accentuate?
RS	Yeah. I think there are a number of functions that should take place in a school of medicine/student affairs office. Admission is one. There are functions that relate to maintenance of records of students that we have here, the academic records of the student in a medical school are much more complex, usually than the records of a, that pertain to an undergraduate student. His professional development, very often it is a

	matter of constant critiquing by the faculty and therefore a matter of record and these records are to be maintained. They are not easily kept in a university registrar's office. Financial aid has ramifications associated to it with respect to medical school students that do not pertain to nonmedical students.
JSP	Like what?
RS	The sources of aid that are open to undergraduate students, many of them are not open to medical students. There are certain sources of aid which are open to medical students which are not open to undergraduate students. The cost of medical education, is a cost which is on top of an already large [indecipherable] who has already gone into considerable debt in respects to his undergraduate student where an undergraduate student is incurring debt for the first time if you will. A medical student is one who is generally emancipated from his parents and says I'm independent and the undergraduate student usually has a tie of financial and otherwise to his parent. So there are many changes, some subtle and some not-so-subtle in the financial aid requirements and dimensions of medical students as opposed to nonmedical students. So there are two. Thirdly there are academic support, which is much more involved with-when one is dealing with medical students and not medical students. Medical education in this country since the late 40s and early 50s has a remarkable record of achievement in graduating students who are accepted. The failure rate out of medical school nationally is of the order of maybe 2% to 5% each year. That is due to the fact that obviously highly qualified individuals are accepted. Secondly medical schools put in a tremendous effort to provide the necessary support to see that students overcome any difficulties that may occur. In my belief, my approach to the office, student affairs offices is the cornerstone for seeing that our students attain that type of support. Psychological support is very important for medical students. Counseling, sometimes even psychiatric support, is very key due to the stresses of medical education. And the changes that occur, personality wise very often if you will, in the character of a medical student as he becomes professionalized as he learns to deal with the stresses of life that are remote from the non-physician. Learns to deal with pain and suffering in others. Learns how to accept responsibility for the care of individuals who are in pain and who in fact are perhaps dying. These cause many individuals in medical school much stress and very often results in the need for some psychological support. And again an office of student affairs should be the cornerstone, the starting point, of providing that care.
JSP	Were there any staff that you brought on when you came on here from Toledo?
RS	The first, when I arrived, we hired an administrative assistant to, had been working in the school of continuing education. She was the first employee, as I remember, and was a tremendous help in getting the office started and a tremendous help in the beginning of the admissions process. Dr. Beljan had started before I had arrived to search for an assistant director of admissions. It's not a position that in retrospect was wise to initiate at that time. But there was concern on campus as to the interrelationships of the medical school student affairs office and the office of student affairs within the vice Presidents office on campus. There was almost a threatened feeling in that office in terms of

	duplication and intrusion on enrollment that they ought to have, but on the other hand were truly wanting to have a fight to have. The assistant director, the assistant director's position was a position which was therefore designed to primarily provide a liaison with the university offices of admissions, university registrar the University vice president offices of student affairs. The search committee was already in place when I arrived, constituted primarily of individuals from campus, obviously because there were very few individuals in the medical school. And we had a great deal of difficulty identifying and had a good number of applications. But this is a level of management that is not easy to recruit for. I had an individual in Toledo who was holding such a position and was anxious to move and I asked him if he wanted to submit his name in the search. He did, the committee felt that he was really the most qualified. He had several years experience in that role in the medical College of Ohio in Toledo. He in fact looked like the best individual who applied and I suggested to the committee [indecipherable] that recommendation on to me to appoint him. And that's in fact what the committee did and he was appointed and he came here from Toledo and worked for us I think two years at least.
JSP	That was Ron Thompson?
RS	That's right.
JSP	When he left who took his place?
RS	When he left I breathed a sigh of relief and we didn't fill the position. [Laughter] as I said I didn't think the position at that point really had-the office was still embryonic but that was not the type of role that was of prime importance. What we needed really was people to do the work. We didn't need another manager, we needed another worker. The volume of work and admissions that first year was astronomical as I think we discussed before. It was more important to get things started going than to sometimes worry about the interrelationships and those who are threatened, and the consequences of interrelationships that never materialized because the relationships as they worked out with campus worked out to be very fine indeed.
JSP	In the student affairs area, what is the first contact that students have outside of the admissions process? Are there a set of briefings that you put together for the first year medical student?
RS	The first time we really come into contact with the new students is at an orientation time. The orientation program, which precedes the beginning of classes for freshmen traditionally in medical schools are under the jurisdiction of the dean. And deans will take and use different mechanisms to implement an orientation program. Dr. Beljan felt that that was something that ought to be organized by the office of student affairs. We had that responsibility. We put together a committee of faculty who worked with us those first several years and followed very broad directions that Dr. Beljan lay down. He preferred a rather extensive orientation, feeling that this was desirable in an environment such as we had here. Which students were coming in here to the area for

	the first time an area that had never really seen medical students before and therefore careful briefing was very important. The first orientation program were over three days long, 3 to 3½ days. They were very extensive, they even included a tour of the Dayton area. They included bringing in visitors from the Dayton area. The former editor of the local newspaper, the daily news, Rosenfeld's as a matter of fact was the speaker at one of the orientations. Give a very fine talk and then had a very informal interaction with the students which there was a very good and very keen exchange of ideas for what their position ought to be in a community, what their responsibilities were and what the community's expectations were. That was typical of the type of orientation program we had. We did a lot of pretesting in the early days. That was sort of a, again in retrospect, a meaningless gesture. We did a lot of it and couldn't do anything with the data we had so we did some testing and reading skills, problem solving and [indecipherable] to not really in terms of what it meant. But it kept us busy and it made us feel like we were accomplishing something in orientation ought to be accomplished. All of that changed when Dr. Sawyer arrived as dean. He felt that orientation programs ought to be short and to the point and by that time we also had a good deal of experience in what it did not work. Just occupied time, so we cut it back a great deal.
JSP	Did Dr. Sawyer assume the [indecipherable] of the orientation like is traditional for dean's to do?
RS	That was one of the first things I asked him was about the orientation program and how he felt about the program. And we just assumed that it's his program. With time to the necessity to have a committee chair to review what the program was going to consist of sort of fell apart in fact we weren't as excited about being involved in - didn't feel as committed to championing the cause of a particular event on orientation. It was also a tendency for each department who taught during the first quarter to have time during the orientation. And if that was allowed to keep multiplying we would've really in effect extended the curriculum orientation rather than having an orientation which was a brief transition between the before being a medical student and the actuality of being a student. So we no longer have a committee that meets. Instead we have the sophomore medical students, the new sophomores, heavily involved. They seem to have the best insight of what to tell their young colleagues and they meet with us sometime over the summer and we explore the type of program that we feel is consistent with the school. And they implement some discussion groups and several sessions and it works out quite well.
JSP	What are some of the areas that are handled during the discussion sessions in the orientation?
RS	There are a number of topics that are very key at this time. There was, let me see, some introduction into the demands that were going to be made academically on students in medical school and contrast that with the demands that most university students are used to as undergraduates. It is very hard for a student who has just completed an undergraduate program, particularly one he that he feels has been a vigorous one that he's worked hard and put in a great deal of effort to realize, to come to grips with the

	fact that in reality that was child's play compared to what he's going to see in the first quarter of medical school. So there is an attempt made to present that reality to the new students. Then there are some other topics which are very key. The students present a number of discussions on what it's like to be a married student and how to deal with the responsibilities of married life in medical school. And in fact how to deal with responsibilities of single life and not totally dissipate into the type of individual that is so consumed with study that one's personal life falls totally apart. How to deal with stress. How to deal with professional education and the fact that one is going to become privy to very personal information about patients and what their professional responsibilities are. These are the sort of things that-how to be a minority student in an institution and a profession which is primarily majority oriented and the unique problems that might impose. I've attended a number of these sessions on a random basis and I think the student run sessions are as good if not better than anything that we put on that are faculty oriented.
JSP	When the orientation program is over and the student starts into his or her academic program in the first year are there any other impact that your office on the student?
RS	After we get them started they're really now coming into very heavy contact with faculty. And there's sort of a lull in terms of our office except in terms of financial aid. Obviously their, in respect to that function is ongoing and continuous contact with students with financial need. But putting that aside, are the contacts next arise is somewhere in the first quarter with those students who begin to feel stress. It's not uncommon somewhere along the first quarter to have students coming up to the office and express doubts as to whether or not they should be in medical school. Particularly after the first exam. Particularly if they had difficulty even passing the exam and never had that experience before. Real doubts arise they begin to wonder why they're here what motivation they really had in applying to medical school and should they continue. I can say on an average, I'll see two or three students whose doubts are strong enough for them at any rate at that point to have them come in talk seriously about withdrawal. One student in every two or three years will in fact withdraw at about that point. They also go through a phase after some reassurance that this is a natural part of the process and that they will adapt into the educational system and will learn in fact to cope with what they feel right now is uncopable - dissipates.
JSP	Is the expectations in terms of the grade point average of the medical student, are they expected to keep up the kind of grades that got them into medical school?
RS	It depends on whether you're looking at the student's expectation or the faculty's expectation.
JSP	The faculty's.
RS	The grade point average in medical school is is not comparable to grade point average as an undergraduate. There really is no way to compare the numbers because while the letter grades they are awarded are the same and it looks the same intensity of the

	medical education is so great that the students don't achieve the same grade point average. Our average grade point average of a class is less than a three, usually, 3.0. Whereas the entering class will have a grade point average of close to 3.4, 3.5. So that's quite a marked difference from the student point of view. But his expectation when he starts is that he's going to do as well as he did his undergraduate. So it's quite a shock for him to end the quarter and he's got a list, a run of C grades, but he has to adjust to. And he has to look at success very often in a little different way. As time goes on those grades tend to come up a bit. Particularly after the student has made the adjustment to the intensity of the program.
JSP	What in the first year is, besides the grade problem, are there any particular problems that come up in that first year?
RS	The academic problems seem to be the most intense in the first year. The failure of courses, the necessity to remediate courses, are traditionally the greatest at the end of the first quarter. A little less in the second quarter and the less the third quarter, but by the second year most students can get through the courses satisfactorily. So academics is the biggest problem. On a personal level, after savings begin to get exhausted, then finances for some students will become more keen. And many students under estimate their expenses and use up funds at a faster rate. Medical students are very poor managers of money and if they receive a loan early in the year in its entirety they tend to spend that out before the year is over. So they poorly managed their savings poorly manage their resources. So as the year progresses, finances for some become a major problem. Emotional adjustments to change a life style becomes a key issue that first year for many. The fact that weekend's are not as free as they were when they were undergraduates, the fact that they can't see old friends as often as they used to, the fact that their own interests are beginning to change the way to see old friends they have a different interest than their former friends have. Their interests are getting more narrow very often so their whole being if you will is turning around from whatever they were in the past two almost a total commitment to being a medical student. It causes many of them a great deal of stress. And that has to be dealt with, sometimes that leads to inability to sleep, inability to cope with what's going on, loss of appetite and he needs professional help.
JSP	Do you find that most students turn a corner, so to speak, when they enter their second year? Is there a difference in students during the second year?
RS	Big difference. Once a student makes it into the second year there is a new world ahead of him or her. Because at this point the adjustments generally have been made. There are no surprises. The curriculum actually the second year, the curriculum of the second year actually is, I think a little tougher than the first year. They seem to handle it better. Some of the academic problems are gone now. On the other hand there tends to be a great deal of fatigue that builds up as that year progresses because now the student is in the second year of an intense program as the year progresses begins to wear down and begins to suffer from the consequences of when will this all end? And will try get on with the job of being a physician? There's a tendency to begin to feel like, I'm sitting in

	the classroom more, when do I get out and see patients, when do I play the role of doctor in earnest? And to resent the same style of education that they've gone through now in their sixth year. That's tough. And towards the spring quarter as the national Board exam approaches and they face the reality of being examined over two years worth education. When they find that it's hard to remember what they really learned at the beginning of their sophomore year, let alone the detail that they learned at the beginning of their freshman year. But that creates a great deal of panic in many students. So it's a different type of problem at the end of, the second year than it is with first year.
JSP	Are there any special problems for minority or foreign students in the program into medical school?
RS	We don't have any foreign students. If by foreign student-well, the only foreign students we would have in a sense are individuals who are in this country on a permanent visa. With respect to minority students, again we discussed some time ago that we have significant number in the student body who are members of minorities. There are some special problems. The medical profession is basically a middle-class, white profession. It is not a black profession, there are very few role models for minorities-for blacks, in the school, to emulate. A white male has many physicians around him that he can model himself after. Whereas blacks doesn't see any black instructors for example. That he can say well he made it. The background of minority students tend to be such of a nature that there is a greater tendency to have academic difficulty in medical school. And this causes some problems because the perception often builds that because I'm a minority I'll have a problem. We had a situation a few years ago where the blacks in the sophomore class feared that they would fail national boards. And they feared it because they were black, not because they had accurately assessed where they were. And some of them deliberately postponed taking the exam, delayed starting their third year as a result, because of that fear. Presumably to better prepare themselves for the exam. And that was the perception that built up because of the failure of some blacks from prior exams. And when a black fails an exam it's more visible than when a white student fails it. As time has gone however, it's become apparent that blacks do not necessarily fail the exam, and that perception of doom has really dissipated. And we're not experiencing right now at any rate, an inordinate fear on the part of blacks towards taking national boards. And I think that's all for the good. Here perhaps we are, we have been able to increase the number of minorities to a greater extent in the last several years.
JSP	When the national boards come around at the end of the sophomore year, is that panic time for the medical student?
RS	Real panic. It's a two-day exam. Starts at 8:30am and ends at 5:00pm on both days it covers every basic science field, extremely intensive. There is really no good way to prepare for it within the last week or two prior to the exam. The only effective preparation for it is constant and continuous study. And yet everyone attempts to cram at the last minute even though it's known that that impact is negligible on performance.

	But as the winter and spring quarter roll-on and the date of that exam gets closer, the anxiety rate seems to go up, even the students who have done well in courses.
JSP	What is the mental attitude of the third-year student?
RS	To some extent relief. I think in being out of the classroom primarily. The third-year student, for the first time, is spending the vast majority of his educational life within an environment in which medicine is being practiced. So the third-year student is experiencing something that he's been striving for, or she, for many years. And beginning to get the feel in very personal terms of what it's like to be a physician. So from that point of view, that's a very strong positive, and if we can bring more of that type of experience into the first two years, at least in my opinion I think, we do a great deal for medical education. I think in the school we do a lot more than most institutions, but I think we could do more. On the other hand, on the negative side there's also an alarming awareness of the fact that there's also a great deal to be learned and there is responsibility, as one progresses, that one is assuming. Even though in reality a student doesn't have any major responsibilities, it's closely supervised and monitored. As the reality of this fantastic amount of information that has to be assimilated begins to hit many students there's another anxiety that grows, namely how can I learn it all? How can I ever do this if I can't learn everything? So some students towards the end of the third-year begin to feel a little bit of panic of not knowing enough. The other anxiety-creating factor in the third-year relates to decision-making time that many students begin to feel is coming up with respects to choice of a specialty. And the feeling that some assume they must choose between many experiences all of which they've enjoyed. So some conflicting feelings out there, but I think on balance it's a very positive experience. Students like that.
JSP	There's a tendency on the part of people who are not in medical school to view the process as a constant whittling out process, where the stronger [succeed] and the weak fall behind. Is that the reality of medical school?
RS	No.
JSP	Do the students actually develop support systems between themselves?
RS	Yes. In the 1940s medical schools used to accept between 10%, 15%, 20% more students than they could accommodate in the third and fourth years. The technique for selecting students in those years was rather poor. So that as a result by the end of sophomore year schools generally had to cut back on their role. And that's perhaps where that perception that you referred to is coming from. That's been long gone for medical education. There is no desire on the part of any institution that I know of to drop the student, to cut back on the students, to weed out if you will. If a student has dropped, it’s usually after a long arduous process of evaluation in which the faculty wants to be sure that there is no way to redeem that student. 95% to 98% of students accepted to medical school get through. The 2% to 5% that don't are real tragedies so far as the individuals are concerned and so far as institutions are concerned. I think

	faculty look at it that way today. I'm sorry I missed out on the last part of your question.
JSP	In the whittling out process do you use a lot of students in the third-year, do you lose any students in the third-year?
RS	Very rarely do you lose a student in the third-year. If you lose a student, you generally lose them at the end of the freshman year. Most of the attrition occurs, occurs because a student can't make it from first to second year. Occasionally a student makes it into the second year, but is not strong enough to go into the third-year. After that it's just about 100% through. The toughest thing I've ever seen faculty face is to drop a student in the senior year and I know of only one case in 25 years that I've known medical faculties. And that was very very difficult for everybody concerned.
JSP	What is a senior year like?
RS	From the student's point of view it's the best yet. From the standpoint they've completed the core requirements they are now able to select from a wide variety of electors that they would like to be involved in. They get more responsibility, more freedom of action. They are able to take electives not only in the school but in this community and just about anywhere in the country that has an elective available. As a matter of fact sometimes beyond the boundaries of this country. We have had a student, had several students who have taken an elective in India for example.
JSP	What kind of electives are they taking in say India?
RS	The two students, and remember this was about four years ago, who took an elective in India, took a community medicine collective. They went to a community in India where there was a clinic and spent a month in a clinic in the small community gaining insight and experience in how medicine was practiced in that part of the world in that type of environment. Some of the diseases are different the population is different obviously you're in a different culture and were medical care has the practice different because the whole cultural and economics sociological conditions are alien to ours. And they came back with a tremendous insight I think into people and cultures and so on. It is very worthwhile.
JSP	Most electives last a month?
RS	Most electives in the school and the senior year are a month-long. The student is permitted to take up to two two-week electives. And some do that.
JSP	What are some of the last sort of things the senior does before graduation?
RS	Put on his robe? Walk up to [laughter]
JSP	Are there any pre-commencement, what I'm saying. What I'm getting at [laughter] is that is there any out briefing? Is there any orientation to the real world?

RS	There is one thing that occurs in the senior year. This is one of the things we are talking about. And that's the residency appointment because somewhere in the senior year the reality of going out into the real world and having to deal with the next level of professional education is at hand. And the decisions leading to that occurs in the senior year. In the summer of the year a student applies, begins to apply to residency programs of his choice. This is an erratic, chaotic process in comparison to when he applied to medical school. There is no central agency as we have with admission to medical school. The students have to apply directly to residency programs. Some residencies are very competitive for example ophthalmology, orthopedic surgery, are extremely competitive programs and students who apply to those programs very often are advised, best advised really, to also apply to residency programs and other specialties to backup their choice if you will, to something they may have to fall back upon if they are accepted. In addition to applying directly to residency programs the student also applies to matching program. And a matching program is like a dating organization in which they get information from the residency Directors in terms of who they would like to have in their program, obtained information from the student in terms of the rank order of the student's choice of residency programs, puts that into a computer and matches of the best choices for both. That sounds simple enough but it's complicated because they're several matching programs. The military programs run a match, ophthalmology and several other subspecialties have a separate match, there some programs like ophthalmology which really start in the second year of graduation. Most program start in the first year after graduation. And I feel that just to show you some of the confusion. Then a student has to face it has to somehow assimilate as he makes a choice of what we do I do next. Some students at this point are not even sure what they would like to do and are faced with having to choose to do something in the face of not being able to make a choice. There is a major match which encompasses most programs that is known as the national Registry matching program or NRMP. Most cities because of the residency choices go through or apply to that match. Results of that match come out in March on a day known as Match Day. At noon on Match Day throughout the country medical schools distribute to their student bodies sealed envelopes which students ripped open when we handed to them and find out what the computer has matched them with. And usually it is great joy when students see that they have been matched with the program where they ranked high. Occasionally there's a little bit of disappointment because they find they been matched with a program that they've ranked rather low. And occasionally there's great dismay because the finder the computer did not match them with anybody.
JSP	What happens then?
RS	A little bit more panic students are now confronted with the fact of locating a program that has openings and will take them on the basis now. Applications which are generally found substantiated by numbers such as myself or the faculty with respect to documenting the students credentials. Generally within a day or two were able to locate positions for the students and we've been very fortunate that those who have been unmatched how come through all right and received at least reasonable appointments.

JSP	What percentage of students get unmatched?
RS	I would say about 5% to 7%. Not more than 10% in any given year. Usually the student who goes unmatched has not used his rank order of his preferences in the best way possible. Or has not thought of alternatives to highly competitive places that perhaps he was somewhat marginal for until again did not use the whole process in the best possible light. And it's very understandable because the whole process is so muddled and so complex, it's very hard for a student who is so enmeshed in a program which has taken a great deal of his time, to sort through and determine what the best thing to do is.
JSP	Do many of the students who graduate from medical school go into the military?
RS	The number is getting smaller and smaller. When we started it looked like that was going to be a major way for students to obtain financial assistance because the military has a scholarship program, the Armed Forces scholarship program, which provided tuition books and stipend, a good stipend to students enrolled in the program. Again we started the scholarships were available almost for the asking. Within the last several years on the other hand the scholarships have become highly competitive nest didn't have had extremely high grade point averages and there are very few students were awarded them so we have now very few students, we used to have significant numbers to answer your question.
JSP	Has the type of student that you've had at the Wright State University School of Medicine changed any since you started the first class?
RS	That's what the first class would like us to believe. I think when they graduated - I loved the first class dearly, I got to know every one of his students very closely and perhaps- [Break in recording]
JSP	Got it?
RS	Class of all the students that we've had here probably, not probably, I did get to know them best of all. And I think the faculty feels the same way when they have 32 students obviously you get to know the students very very well and you develop attachments for then you watch them very closely and a really great group they were remarkable. I think they're the best that we could, should have gotten for charter class they represented us as community very very well. They knew they had a special responsibility, they accepted it, and I think they succeeded in presenting themselves on the institution and the best possible light.
JSP	Were there higher expectations for them?
RS	I think they were very high. They were very visible. A number of the students would

	tell me we can't hide from anyone or someone always around wanting to interview us take our picture wanting to know what it's like to be a medical student at Wright State. There was no way out they were in the spotlight and that's a tough place to be because with all the stresses that are on them as any other medical student they had to face the stress of high visibility. In high visibility when you're a student is a tough thing to have because there are times when we want to go into a corner and cry to relieve your frustration and there are times you don't necessarily want everyone else to know that you are worried about passing-that's tough to take and I think they took it well. But in terms of credentials, I don't think that credential wise they are any better or any worse than the students we are excepting now. I think that there are a number of reasons that are probably basic to our whole philosophy of acceptance. We don't accept the students at Wright State just because they have high grade point averages. We do a very thorough analysis of their personalities. We do look at from the grade point average point of view, their academic record, review their admission test score point of view is whether the assessment of can they succeed in medical school? Once we've reached the judgment can the student succeed, then we make the admissions decision based on an assessment of all the other personal characteristics. Now if that's the case then year after year we looked at the admissions group in the same way even though more students are gaining admissions to medical school throughout the state. Even though there are perhaps fewer students to draw upon because we approach the admissions group from that perspective. It hasn't depleted very much for us. It hasn't become more competitive for us if you will. Because of our unique way and I think therefore credentials have stayed just about the same. Academically.
JSP	I'd like to move into a new area. The area of the way the school has fit into the overall University. What were some of the early perceptions of your office in comparison to the other University's offices?
RS	You want to pick up the comment that I made before-[laughter]. That's interesting, I think that's very natural and I may or may not relate earlier, in the earlier interview the perception that existed when I was picked up at any rate that seem to exist and the vice presidents office when I was interviewed for the position. At that time Ed Pollock was vice president for student affairs, Eleanor Cokes, now vice president worked for had, and I forget what her title was. And obviously Dr. Beljan invited me to campus, time was set aside for me to meet with the two of them and we did in fact do so I met with them in Dr. Kegerreis's office as I remember. I think that sort of typified what transpired at that time typified what you might expect an institution that did not have the medical school. Where the Dean was saying now we've got to go about the business of putting this together, what it will take to run one. And what it will take to run one will be in office of student affairs admissions. The natural reaction that occurred was why do you need a separate admissions office, why you need a separate student affairs function, why you need separate financial aid? Or even do all of these things independently of us, don't we have the expertise to do it, what is so special about these functions in medical school that one can't do from a central office? Isn't centralization the most desirable thing in any institution because how do you centralize into one office the expertise that you have, you increase efficiency, and you reduce cost. That's the best

	bureaucratic argument you can give for bringing it into one office. There was the perception, I think in a way too there was a fear that was picking up perhaps more from Ed than from Eleanor if you're creating separate functions out there you diminish from the institution which should be the central office's role, because obviously someone else is doing admissions doesn't that mean that there is a limitation on the capability of the central admissions office and so on. But there's something they can't do that they should be able to do. So there's a little fear of the significance of that. So we had to do all that we had to change that. We had to assure them that there are some conceptual differences between the student affairs and the medical school and student affairs within the university. But I did not feel that in any way qualified to be part of a university student affairs office. But at no time have I ever entertained the desire the interests nor do I think I have the ability to be a vice president of student affairs for university. But that takes a very different expertise. On the other hand people who generally function within a university student affairs office don't have the expertise it takes to run a medical schools office. Most people in medical schools office come out either clinical departments or basic science departments, my background was in the basic science department. I was also hired as a professor of microbiology and my background is very heavy and the teaching and research area of microbiology. That my experience was totally with medical students and the problems of medical students were quite different than the problems of university, general university students. Furthermore that the office of student affairs in medical school is conceptualized, and I think Dr. Beljan felt very strongly along these lines, was conceptualized as an academic department or an academic function. It is much more immersed in the academic activities than it is in non-academic activities, it generally has responsibilities for some nonacademic activities such as financial aid, but the academic immersion is very very strong. That's not true also of the University office. These things have obviously resolved as we go along with time.
JSP	So you feel you have a good rapport with the university at this point?
RS	I think we've been pretty lucky. I think there were always sources of conflict between medical schools and their parent institution. It's almost a nature of the two beasts. But I think I've been lucky in my end of the activities of the medical school because the functions with which I must and should overlap or interact with the University have been with people who have been very understanding. Faulkner, the University registrar, understood what medical education meant in terms of registrar function. He was not threatened by our desire to keep student records. As a matter fact, what we evolved to after several years was pulling out of his office all our student records to the point where his function with respect to medical school students is almost nominal. Dave Darr who is responsible for financial aid has been very cooperative in working with us with respect to financial aid and we'll must feel like part of the time that he's part of the office. So it's been that sort of interaction and I have no complaints about the way things have worked out from the point of view of student affairs and admissions.
JSP	Well that's all we have time for this point in time today. Our next interview invite to cover your perceptions of the overall development of the school, whether you perceive

	things have changed or stayed the same way Dean Sawyer came in and then I'd like to ask you for your specific thoughts on individual people.
RS	Thank you.
	[End of recording]