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Robert D. Reece

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: October 31, 1984

Interviewer: James St. Peter

Interviewee: Robert D. Reece, Associate Professor and Chair, Department of Religion and Society, Wright State University

James St. Peter: My name is James St. Peter and this is the first of a series of interviews with Dr. Robert D. Reece Associate Professor and Chairman of the Department of Medicine and Society in the Wright State University School of Medicine. The date is October 31, 1984. The time is eleven o'clock a.m. and Dr. Reece and I are in Room 013b at the Television Center here at the Wright State University. Dr. Reece can you tell me a little bit about your background and experience prior to coming to Wright State?

Robert Reece: Well, my undergraduate work was in the field of history at Bailer University where I graduated in 1961 my intension at that time was to enter the field of teaching in religious studies and the way in which that was done through the educational process was first a seminary degree followed by graduate work in religion. So I left Bailer and went to Southern Baptist Theological Seminary in Louisville, Kentucky which had an interesting component to it, at that time entirely for my own personal benefit I did some clinical training in what is known as clinical classical education. It involves pastoral counseling training in a hospital setting and I worked both in a general hospital and a psychiatric hospital when I was a student there. I never expected that would have any professor relevance for me because my intensions were to be purely in academics. I left the seminary where I graduated with a Bachelor's of Divinity degree in 1964 and went to Yale University where I worked on my PhD and my area of concentration in that program, in the religious studies department of the graduate school of Yale University was in the field of ethics. It was primarily religious and theological ethics with a strong dose of philosophical ethics as well. It was from Yale that I graduated, leaving there coming to Wright State in January of 1969 the degree was actually completed when I came to Wright State but the degree was not awarded until December of 1969

J.S.: So you came here as a member of the religion department?

R.R.: Yes.

J.S.: Without any concept of how you were going to be interacting later with medicine.

R.R.: Right, I had no idea that there would be a medical school here or that I would have any involvement, in fact at that point I had not even done any work in medical ethics. Shortly after arriving at Wright State beginning to teaching in the religion department, I taught the general introduction to the religion courses and advanced courses in the area of ethics. It was in that

context that I began to work in medical ethics. It was one of the things that was becoming fairly common in undergraduate education and I picked up on that as an interesting topic and began teaching some courses in that field.

J.S.: Who did you teach the courses to? Were they just liberal arts students?

R.R.: It was a usual mix of liberal arts students which would involve some religion majors, some philosophy majors because we developed this as a cross listed course both in philosophy and religion and we would get, as time went on a large number of nursing students as well. We would get some pre-med. students just a general cross section of students. As time has passed it has become increasingly nursing students and always a good mix of pre-med. students in class with other assortment of students.

J.S.: When did you first hear about the school of medicine being organized?

R.R.: It must have been about '73, exactly the chain of events at that point is a little bit foggy in my mind in terms of dates and so forth, but there was beginning to be talk of the school of medicine somewhere in that period and one of the members of the religion faculty came back from a summer conference where he had been involved, I don't even know what the area was that he was engaged in at the time I think it may have been a death and dying kind of area, though I'm not sure. And he had met at that conference that was an extended workshop seminar it may have been the National Endowment for the Humanities, he had met Dr...not Dr. at that time, Mr./Professor Alabastian who was chairman of the department of humanities at Ken State Medical School in Hershey, which has been one of the models for the kind of program that I am now chair in our own school of medicine. And he came back with information about that program and some enthusiasm for what humanities might do in medical education. Growing out of that he spoke with the vice president for health planning, Bob Conley about medical humanities, and Conley said "Well you are just a little bit ahead of me, I was just intending to form a committee that would examine a way in which other parts of the university might contribute to the school of medicine," and so a committee was formed that I recall was entitled that designated committee on health...that was the committee that was concerned with the humanities and social sciences in medical education.

J.S.: Do you remember who was on that committee?

R.R.: A number of liberal arts faculty, I don't remember everybody. Bill Stace was on the committee, as I recall he chaired it the first year I was on the committee. I believe Dr. Nicholas Gouzie (?) was on the committee. The chairman of sociology whose name for the moment escapes me, I should have pulled some out before I interviewed today. As I call somebody from classics, it was a broad mix of not just the humanities but social sciences as well. But it wasn't liberal arts committee and it was a similar committee that organized over in the school of business that was addressing some of the ways in which the business faculty might be involved.

J.S.: And you were also on that committee?

R.R.: I was also on that committee the first year and became chairman of the committee the second year the committee was functioning which makes me think the first year must have been '73 and the second year would have been '74. One of the things the committee did was to interview candidates when the progress was that far along. And going out and working on that committee a report was issued which was handed to the new dean recommending the formation of some program area dealing with humanities and social sciences in medicine. And it was the involvement with that that my own personal involvement with the school of medicine evolved. When he accepted the position at Wright State he basically accepted that report and used it as a basis for defining a program area that was to be the social sciences and humanities and decided to do an internal search for a person to lead that area and I was ultimately the choice. The dean filled that position. I joined the School of Medicine in January of '75

J.S.: Did your early studies in Medical Ethics in the courses you set up early, did they spark an interest in the medical field, in Medical Ethics?

R.R.: For me, oh yes, I became very interested in one of the more exiting kind of things and that was one of the reasons as this committee emerged I found a way of being able to broaden and deepen my interest in Medical Ethics.

J.S.: And you were chosen in '75?

R.R.: Yes, actually I believe the decision was made in very late '74, and when I was offered the position I said, "How soon do you want me to start?" And he said "immediately." And that was right at the end of December and so I joined the school in January. As I recall the first working day in January of '75.

J.S.: What is a joint appointment?

R.R.: I still maintained an appointment in the religion department, yes. So that I am now both the chairman of the department of medicine in society in the school of medicine and, the associate professor rather in the religion department and I have maintained that joint appointment over these ten years.

J.S.: And you have also become, I see an associate professor in the school of professional psychology.

R.R.: That was kind of a part-time... it was a joint appointment that was intended to do whatever I could to help the school of professional psychology during its developmental stages. Both the school of medicine and the school of professional psychology had people who did not have primary appointments in those schools and who worked on a voluntary basis. If the people not associated with the school of medicine or the school of professional psychology might have some kind of title that designates the voluntary nature of this, within the university, however, there is no provision for that, so that people who aren't helping on a modest basis would not have any funding coming from the school is listed as a joint appointment and I have several people listed on the faculty in the school of medicine whose real appointment is in other places in the university and who have no school of medicine funds that do have a title in the department.

J.S.: What was it like to join the staff that Dr. Peltro (?) assembled?

R.R.: It was really quite exciting. It was a lot of hard work because we were building a new school from the ground up and at the early stage there were very few of us to be doing that so that there was a lot of long hours. We had to think about a whole range of things of how you would build a school. I recall that most every day we usually had an addition to meeting that would occur during the day time and our regular activities to evening a week. We had the various committees that one would have to establish a school and to do faculty development, faculty quality, and curriculum. These things were separated into different committees, but basically because there were, at that stage very few of us. Most of us were on all the committees. So that we found ourselves occasionally talking about curriculum matters when we were supposed to be there for a meeting dealing with faculty development or something of that sort. A lot of hard work and a lot of long hours, but it's really very exciting to think about being able to start from the ground up and build a school that would be what you think of as the ideal kind of school recognizing the constraints that are on you from the outside as well that whatever you want to do has to be done with a view that ultimately you are wanted to be accredited. You know Belgian's goal was to have the school accredited as quickly as possible.

J.S.: How many individuals were there when you first arrived?

R.R.: You know I can't say exactly. I was one of the very early chairman to be appointed. Actually when I was first appointed it was not as chairman, because the structure that was used in continuous to this point were the basic sciences, involved the matrix idea which had a program in the School of Medicine in which the program director serves as essentially in all functional capacities the chairman, but the chairman should head up the basic departments of the sciences; anatomy, biochemistry, microbiology, enology, and physiology. The chairs of those programs are the department chairman in the School of Science Engineering and program directors in the School of Medicine. So I lugged along with the program directors and was called program director and this was supposed to be program in and one of my first jobs was to find a name because it was the fifth such program. You had the four basic sciences and this was the fifth program. For a while we simply called it fifth program and some people called it a fifth wheel. I referred to myself as the "fifth column," a lot of jokes went around about that but Dr. Belgian and I went back and forth on numerous occasions, batting around ideas for names and it was kind of out of batting around of names back and forth that ultimately the term Medicine in Society originated which was intended to designate the important social issues, the fact that medicine exists in the social order and that there a variety of social issues which positions needs to be acquainted with in order to practice good medicine. With this name came about, it's the only program with that name, as far as I know in the country. The name was not modeled amid our program but many of our own developments were obviously part of a preexisting program.

J.S.: How did it feel at that time being a faculty member whose primary expertise is religion grew up among all these doctors? Did you ever feel out of place?

R.R.: Well its...obviously people like us are and will continue to be I'm sure for a long time at the periphery in terms of what medical education has been about in all these many years. So there is inevitable awareness that one is unusual in a school of medicine. My own experience

fortunately has been very good in that regard. Dr. Belgian insisted that a program of this sort was to be simple to the school of medicine. I was placed immediately in all of the committee structures that other people were involved with and the people that he recruited were committed by in large most of those were faculty and you ask moment ago how many of them there were I would say at the time I joined there were six or eight... well there were several faculty that were taken over from Wright State in Biochemistry in particular as I recall and there were three or four or maybe five chairman who had been appointed at that point. But of the even some of the basic science chairman were not appointed until after I had joined the faculty. At the very early stage there was a very small number, but as they came on most of the people even if they didn't really know what I was about seemed to recognize the importance of the kind of things that I symbolized and I was accepted I felt as much as an outsider can be accepted into the family from the very early days there. And the fact that we had come into a new school with a dean who was committed to doing something in this area and recruited faculty who had some commitment to these kinds of concerns has made the job much easier I'm sure than it would have been by trying to initiate such a program in a well-established medical school.

J.S.: What kind of physical facilities do you have?

R.R.: Well in the early stage the entire Medical School faculty was housed downtown in what is now the Kettering Center. And we were on the second floor. I recall moving numerous times even within that building down there from office to office. From a period of time there we were set up with essentially cubicles formed by book cases in one of the large rooms. And that kept moving as the school grew and as we tried to make accommodations with new people in mind. It was a very close knit operation. We were all there in the same place essentially on one floor of a relatively small building a lot of interaction going on during those days.

J.S.: What types of interaction was it? Any way to characterize that?

R.R.: It was the good natured human interaction that you would find in any kind of such setting, but a lot of time was spent talking not only in committee meetings but outside of committee meetings about what our new school should look like, what should be in the curriculum, and how were going to go about doing this.

J.S.: Did you move with the school, from your offices from the Kettering Center to the VA?

R.R.: No, I don't believe I did. It's fascinating to try and remember back that far now. You might be able to help me knowing when that move to the VA occurred. I recall going to the VA for many meetings and I remember that Dr. Belgian had an office there and I would visit him there occasionally.

J.S.: That was '76...

R.R.: Was that still before the basic science building was open? My first memory of a move from downtown was the basic science building.

J.S.: What were your offices like there?

R.R.: As I recall for a little while I occupied an as yet to be occupied office there in the Bridge, the area where Anatomy, Physiology, Chemistry, and the Biology/Biological Sciences chairman had been located for some time. As I recall that was an office that was clearly understood to be on loan because that position was not at that point filled and I was to be housed in the medical science building when that was to be opened. I moved from there to an office down the hall which would essentially be a faculty office. By that time I had another faculty member and he had an office down the hall which was one of the basic sciences faculty offices that was right next to a lab so that all this was seen as clearly being a temporary arrangement.

J.S.: When was your move there?

R.R.: Down the hall or to the campus?

J.S.: To the medical sciences.

R.R.: As soon as it opened. I don't recall when that was, but it was a soon as the biological sciences Phase One was open even as I recall even before Phase Two was even open. And I was in the bridge area for a very brief time and then moved to one of the faculty offices next to a lab and then when medical sciences was opened I moved across to the Medical Sciences building.

J.S.: Into your present offices?

R.R.: Well, into the present area. Actually I was at the other end of what was at that point was room 216. I was at one end Dr. Segal, Harvey Segal my other faculty member was left back over in biological sciences for a while and ultimately moved in and ultimately we moved down to the other end then of that area in my present office where I had been ever since and will be until more renovations occur which is probably upcoming very soon.

J.S.: Was Dr. Harvey Segal your first hire?

R.R.: Yes

J.S.: Where does he come from?

R.R.: He came immediately from a private research firm that was doing research on drug and alcohol abuse. His graduate work was in medical sociology from Yale and he had gone from there to work with his firm, had applied for the position, that was one of the very first things I did. My notion was that if this is a humanities and social science program having the first faculty member initially needs to be somebody from social sciences. Medical sociology seemed to be the clearest most developed area in the social sciences that were addressing issues in medicine. I would have to say that when I looked at his Curriculum Vitae I said, "Gee there's a lot of drug and alcohol stuff here but I'm not so sure about the general sociology of medicine." But the chairman of sociology at that time, who had been on this committee that I mentioned, said "Oh no, I'm very familiar with the graduate in which he was involved, the people he had worked with and he has a good broad base in medical sociology and we ought to interview him." And so we did interview him and it was very obvious to all of us at the end of the process that he was

clearly the superior candidate. And we moved very quickly on that, he had joined that faculty by July of '75. So that we had defined the area, advertised the position, done the interviews, and actually filled the position within six months of my own appointment.

J.S.: So that was, in essence, your first priority?

R.R.: Yes.

J.S.: What were some of your other major first priorities?

R.R.: Well, I think the major area was to define the kind of things that should go into a curriculum. And I was assisted in that both by the work that had gone on before and this committee that I referred to, Health, Humanities, and Social Sciences I believe was the name of that committee. And by the material that had been published and presented by the Society for Health and Human Values which is a national organization that has been concerned for perhaps twenty years now with valued questions about medical education. And by Dr. Segal who had in addition to his own sociological background had a very good general undergraduate education in Humanities and he began to work immediately on the kinds of issues we needed to have addressed in a medical school curriculum and ask how we can accomplish this with our new kind of sources. In addition to Dr. Segal and myself, we formed a committee an advisory committee and this was fairly standard to the various departments. They would form advisory committees consisting of the constituency in that area. This would get family practitioners to form an advisory committee that would help to define what needed to be done in this area. And so we formed an advisory committee consisting of some of the old members from that liberal arts committee and some additional people, people from the community for example who could assist us in understanding public expectations or some of the areas that might not necessarily be covered within the academic structure of the university and going out of that we defined some of the things that we wish we would have covered in a curriculum and this gradually began to make its way then for the committee process and the defined course that we would offer and ultimately the kinds of electives that we would develop as well.

J.S.: What kind of committee were you looking for? Was it varying ministers?

R.R.: It was something of a mixture of people with social work backgrounds, religious backgrounds. We had one representative on the committee who was intended to represent kind of the artistic community, the music and art community. So it was a broad based kind of concern dealing both with the Social Service Agency kind of issue as well as the religious and humanities kind of concerns.

J.S.: Were there any presence of other schools of medicine for you to draw upon?

R.R.: There had been several programs that had developed by this time. One of the earliest programs had been at the University of Florida where a division was established within the Department of Family Medicine... Family Health and Community Medicine or whatever the name of the department is. It is essentially a family practice and community medicine department there. The dean who had established that school and who had built that part in as a

component had then moved to established the new medical school at Hershey, which is the Penn State Medical School. And there, rather than building something as a division within a department, he established a department of Humanities and a very interesting and creative leader for that. I say Dr. Alabastian is an interesting man because his highest earned degree is a Bachelor's of Divinity degree and he had been a chaplain and campus minister University of Texas Medical branch in Galveston and was one of the original founding figures....25:19?? He has sense been honored with a honorary doctorate, but he was a man, one of those rare individuals who despite the absence of academic credentials created a very academic and respectable department and was eventually appointed the rank of full professor at Penn State at the Medical School in Hershey. So those were two of the early models and then a third model that well there was another school at Stoney Brooke the State University of New York at Stoney Brooke that had developed a program. There was the Medical Humanities Institute at the University of Texas in Galveston. Those were probably the first of the programs and in fact as this committee that I had mentioned earlier that was formed in the liberal arts was functioning the committee visited several of these programs and had consultants coming in from a couple of them as well. Another program that is a little bit old than us, which I personally gained some insight and ideas is the Walk to Become a Humanities Department at Southern Illinois University in Springfield, Illinois. So there were a few programs, but not very many. We're on of the earlier programs in the country.

J.S.: So what kind of ideas did you draw from the curriculum. Staffing models perhaps?

R.R.: First of all simply structural it gave us a chance to look at different ways in which programs could be organized. You had the model at Florida of a division within a clinical department. You had at Stoney-Brooke a program that essentially drew faculty from a number of different schools with the existing university. You had the institute model at Texas in which the institute was a free standing kind of entity within the school and teaching had to be worked out through existing departments. And you had the departmental model at Hershey, that was the one that the committee that made recommendations to the new dean had recommended and it was the one that was ultimately adopted here. The title originally was not "department," the title was originally "program" but it was structurally like a department in the same way in which the basic science programs were and fairly early on the dean and I agreed that it was time to create this into a department with a name because it was not really parallel to the basic science programs, it wasn't a corresponding department in some other college, there establishment of the department within the School of Medicine was simple the goal. So it was the Hershey model that was used in the organizational notion, in terms of the curriculum I think at any school the kind of curriculum you form is as much a function as the local institution and its structure as it is in the idea that the program directors may have. The kinds of things you teach in a curriculum I think we learned a lot from the various schools, but we didn't necessarily have the same curriculum structure as Hershey. The philosophy is that students need to be acquainted with some humanities kind of perspective and for them it doesn't make a whole lot of difference what the particular content material is. They have a variety of courses and students must choose two of these. The structure of the curriculum at Wright State was simply that we were to have some curriculum time and all students were to take this course and whether good or ill I was simply given the task of designing a course which would be required of all students. And so that meant a different kind of structure than they had at Penn State for example.

J.S.: How would you describe the administrative model for your department?

R.R.: Could you ask the question perhaps a little differently?

J.S.: How many faculty are designed to have in your department?

R.R.: Oh, Ok there was not clear notion in the early days of the school about how many faculty there would be in any particular department, in so far as there was kind of an ideal toward which I think we might look it was to have about four faculty and obviously negotiating what those faculty would look like, what kind of areas they would represent was something that would be negotiated as we developed. So the dean and I along with whoever was the faculty at that time would kind of work on that as well as going through it. Now in addition as with the clinical departments the voluntary faculty was to emerge. The advisory committee, many of them became voluntary faculty members as the process developed and we have probably 25 perhaps voluntary members of our faculty right now in addition to some who are voluntary in essence but are university faculty and therefore are designated as joint appointments.

J.S.: What kind of faculty do you draw upon?

R.R.: What we have at this point of the program is, of course my own area is in ethics by way of religious studies. Dr. Segal is a medical sociologist in drug and alcohol abuse. We have a lawyer and at this point we have a man whose background can best be described as theology and psychology. This is a man who for many years was a staff member of the accrediting agency for theological seminaries in association with theological schools which is located here in Dayton. He retired from the position about four years ago I guess and we were able to bring him in on half time in our department so that his work over the years has been with theological education and with the accrediting process. His own academic background was psychological religion.

J.S.: And that person is?

R.R.: That's Dr. Jesse Ziglar and the lawyer at this point is Dr. Marshal Cap who holds both the J.D. degree but a Masters in Public Health degree from the well-known program at Harvard. He is the second lawyer in the department, we had another lawyer who at that time was Dr. Faye Saber. She has since married and has not adopted that fashion of maintaining her maiden name, that wasn't her maiden name initially anyway. That was her married name, she was divorced and subsequently married. She was with us for only one year, she also had the same MPH degree from Harvard. In fact one of the earlier questions was as we moved beyond emphasis and a medical sociologists, what comes next? The first decision was to go with a lawyer and we really wanted somebody in the area of public policy. And we had for a couple of years a man, Ron Wittencott, who area was political science with a strong interest in public policy issues. That position has not been filled and his departure coincided with one of the periodic economic crisis that the state seems to face with the university likewise responds to. So his position has not been filled at this point.

J.S.: Let's take the program and go through it as a student would see it going into the Medical School. What's the first contact that a student has, first year medical student has with your program?

R.R.: Ok, we have a required course that all students are required to take. It's kind of interesting to me, with very little significance to it but in the way in which the original curriculum was structured the very first class that the charter class had in the School of Medicine was our class. It was on a Monday at 8 o'clock, so it was the very first class. There have been a lot of changes that have occurred over the years with the structure. In the early stages we had a one hour a week that subsequently changed to two hours a week and shortened the time. We were originally in the first two quarters we are now in the first and third quarters and the reason for that is simply to make possible some accommodations to other schedules for other departments who need to squeeze more things in to the other quarters. We had that first quarter that is required of all students and at this point we began with a general overview of the nature of the medical field profession, the nature of professionalism as a component of what medicine is all about and then move to the social and organizational background within which medical practice is conducted and then we move from there toward the ethical and legal questions that arise and kind of the individual practitioners arena and conclude that then at the end of the first year. Undoubtedly anyone who has been following the history of the school is aware of this electives program which was initiated at the beginning and our department has established a large number of electives, some on our own some in collaboration with other departments. So that a first year student is likely to be taking, choosing one of the selectives that we offer, many as early as the end of the first quarter. So in addition to a core course there is also the selectives program at the first and second year students may encounter.

J.S.: What kinds and variety of selectives do you offer?

R.R.: One of the things that we kind of borrowed from Hershey, in fact borrowing this from Hershey and even borrowing a faculty member for the very first offering, it has to do with the literature in medicine. I mention that because it was the very first selective that we offered. At that time the chairman of our psychiatry department, Barry Blackwell was very interested in this area. He and I talked and he got very excited, we arranged with Joanne Troutman now Joanne Banks to come out for this first selective period and do a course that she does at Hershey except that now it was redone because it was going to involve both literature and a literature faculty member and a psychiatrist and what they did was to develop several different images of the body that would be important in the perception of the position. And the wrinkle on this was that Dr. Blackwell arranged to have the students not only reading the literature and discussing it, but also meeting with a patient who might represent that area. For example with the body deformed and they intended by this something of the notion of physical handicap, physical disability they would have the students meeting with, interviewing a person with some physical disability and asking, "what is your experience? "How do you see yourself, and how do you respond to your disability?" With surgery they would have students meeting with somebody who had undergone some serious surgery and how does the world look from the point of view of the person who has recently had surgery, and so forth. That became our first selective and that one has been maintained over the years, the faculty has changed several times, but the course has been maintained essentially in the same kind of structure that it was initially. I also developed jointly

with psychiatry on coping with loss and death and Dr. Allan with his psychiatry and I were to develop the course using a variety of people to assist us in the teaching of the course. We avoided the notion of it simply being a death and dying course, there are many kinds of loss and the response to loss and the grief that occurs with it is really very similar from one kind of loss to another. Of course it's now been passed on to others, Dr. Ziggler is the person in our department who currently offers that course. At this point we are offering it twice a year, once with just medical students and once jointly with the United Theological Seminary here in town in which we enroll both theology students and medical students and have it jointly taught between the two institutions. Another of the courses that we developed was obviously along the lines that I would be interested in since through my own professional goal I developed a course in medical ethics. The lawyer developed a course dealing with, now a current course Dr. Capp teaches on malpractice. He developed one on patient's advocacy, for some reason that one seemed to never appeal to students and so it's been dropped and we've never done enrollment in that course as I recall. We developed a course jointly with psychiatry on suicide, in which one of our voluntary faculty members who is the director of the Suicide Prevention Center is the primary person responsible for the course. She does this without compensation and there's a lot of work involved and we are very appreciative of people like her who would give and donate time like that to the school. This last year, this last spring we initiated another new course on domestic violence and that one was developed not only with psychiatry and the Seminary, which also is filed with the suicide course, but we also brought the School of Nursing in for the planning of that course. So that we're trying to do some interdisciplinary and inter-professional kinds of things in areas that are of mutual interest to us. Sometime a moment ago I was thinking of some other selective that we had done that was particularly exciting. Dr. Newa Wert who is the dean at the United Theological Seminary, which is a Methodist Seminary here in town. He and I have done a course for two years now on professional ethics mixing both theology and medical students. Let me just mention one more selective that we developed. It been dropped simply because of the diversion Dr. Segal's time, but we had a course of social and cultural minorities which ran for several years and one of the programs that grew up in the department was a alcohol abuse program which was intended to be an educational setting but to provide a service to the community, the weekend intervention program, you may want to discuss at some point in which people had been arrested for some alcohol related offense. Usually a driving offense, usually DWIs spend a weekend education counseling assessment and referral program and it is now required that medical students will spend one weekend observing in this program and there's a selective that's been developed out of that as well in which they participate in a weekend intervention program and then do some reading, look at some other programs in the community, spend some time in the inpatient facilities in the community and so forth to get a sense of drug and alcohol abuse. So that's the kinds of things we have done through the Thianium 1 selectives program.

J.S.: That's the first and second year?

R.R.: First and second year.

J.S.: And are these strictly for first and second year students?

R.R.: Yes.

J.S.: What happens in the third year? Well let's go back to the second year. After your students have gone through their first set of two courses in the first year, what happens in the second year?

R.R.: In terms of our involvement, not a great deal. We do participate in a few correlation sessions.

J.S.: What are correlations?

R.R.: A correlation session is something that brings together several different disciplines around some kind of topic and has a couple hour session dealing with the topic. In the early days of the school that was one of the things that was structured into the program and these things were done on a weekly or biweekly basis. The idea was that you would emphasize the interrelatedness of the various knowledge people were getting by having faculty come together around a common theme. Most of those disappeared after the first couple of years, I'm not sure if I understand the full dynamics of that. I think it may have been some student discontent and unrest. They are time consuming to plan and execute and for whatever reasons they disappeared. Few of them have been maintained. The one I think we've been involved with continuously at this time is one that is done around the autopsy.

J.S.: What types of activities take place at correlation sessions?

R.R.: Well it's a classroom activity and just to use the autopsy correlation session as an example, you would have a pathologist who would do a lecture and perhaps involve some discussion with his students in what is the medical purpose of doing autopsies, why are they important, and so forth. And then the lawyer, who is now Dr. Capp does a presentation on the legal dimensions of autopsy permission, why are autopsies sometimes required legally, what is required to get permission, and various legal issues. Dealing with why an autopsy might be important for legal purposes, whether the autopsy is necessary or desirable for medical purposes it may be, in a criminal case for example for legal purposes to discover the cause of death. Maybe the difference between a murder charge and something else. And then Dr. Roden, Dr. Allen Roden is behind this session, he kind of organized it and continues to oversee it wants to bring in the human dimension to this by dealing with the question, "How do you obtain consent for an autopsy in a setting in which obviously the family is distressed by the death of a loved one?" And so to achieve that he had people from our area and from the behavioral sciences and psychiatry participating and we would break the students down into groups of about 10 and do a variety of things that would help them to grapple with how do you deal with a dying patient? How do you deal with the family of a dying patient, and how can you obtain the consent the general consent in the midst of all this? So it focused something on grief and how do you talk to family in these types of circumstances and how do you obtain consent in a humane fashion.

J.S.: The correlations and selectives, are they a feature that you find at other medical schools?

R.R.: Correlation sessions I think are done periodically in a variety of places, I don't know how wide spread they are. The selectives program is, I think, if not unique to Wright State at least very unusual. I know that the University of Connecticut has a month long block in which

students will take a course and I have some sense that there may be some electives in other places I'm not familiar with another school that has the kind of structure that we do in which students five times during their first two years have a period of seven days of class days to two weeks doing nothing but one course and I think that's one of the unique features of Wright State which for me has been a very important part of the school as a whole and certainly for the kind of concerns that I have in terms of human values, humanities, social sciences. We were able to do a kind of thing in those settings which you cannot do, I don't think, as easily in another kind of curricular structure.

J.S.: Are there any other kinds of selectives that you offer besides the ones...

R.R.: Well there's one I thought of a moment ago that I failed to mention, which exemplifies the interaction that we have with other places on campus. We thought, at one point of trying to recruit in fact we actually interviewed at one point some historians in medicine because many of the programs in the country have historians on their faculty. In fact at a few places the history of medicine was the place where all this began and there have been some very old programs in which there is a historian in medicine, but generally the historians been stuck off in the corner somewhere and has not been part of the curriculum. But we tried the notion of seeing if we could develop a history of medicine program here, would that be a reasonable way of tying some loose ends together. Part of the problem, anytime you start developing an area is do you have enough activity for a person to do that will really take a full time job. In my own case I think I could clear stay busy fulltime in the School of Medicine, it's important to me to remain in religion for my own sense of having a discipline in which I come. But we are concerned about history and so we explored the possibility of getting a historian who might be jointly appointed with the history department and the school of medicine. We in fact found someone we were very interested in and he seemed to fit both needs, we offered him a position and he turned it down and we never found anybody else that seemed to fit the School of Medicine's need and the History Department need and never pursued another appointment in that area, but Dr. Roden, who I mentioned a moment ago is a pathologist and has an interest in history and in fact has done a good bit of research and publications in the history area. A lot of physicians who get into medical history do so with secondary sources are not really historians and Dr. Roden would not claim to be a trained historian but he certainly among the not trained historians is a very respectable individual who really goes at things in a rigorous kind of way and not just making this a hobby that has no coherence to it. In any case, when he joined the School of Medicine he naturally drawn to our department and we arranged for him to develop a course in medical history in the selectives program that he would be responsible for but which would be sponsored by our department. And his way of proceeding was very interesting, unlike any course I've ever seen before. He picked out various areas in history, various periods in history, came up with thesis that was kind of debatable in each of those periods that could spark discussion and would have someone from the university who was familiar with that period of history, not necessarily medical history of that period but with the period of history, attend the session, strong stress on students taking responsibility for one of these sessions, going to the library, doing some research, being the person to report and the faculty member would be a resource about the general content about the context of the time. And Dr. Roden would be there throughout with his general knowledge of medical history to provide some continuity to it. When Dr. Roden first proposed this I was very skeptical, but thinking we would try it and see what happens I doubt that we'd get any students

involved, but if we do I'm not sure it will go very well but we can try it once and find out. I was amazed, it worked out very well. My concern partly was that it's difficult for somebody to kind of drop into the School of Medicine and feel at home and be accepted. So that having people that drop in occasionally or very rarely will not be able to provide continuity and the image that you want humanities and social science faculty being involved in the School of Medicine. This one worked very well and it has continued to this time. I think it is successful in part because Dr. Roden is there to provide the continuity. If I can do an aside here, one of my early concerns when I first joined the faculty was that I was afraid and I couldn't tell for sure from what Dr. Belgian was saying, what his intentions were. I was afraid that he was going to use me as the focal point for organizing a variety of unpaid voluntary faculty who would be the department and I resisted that. I felt that it was important to have a core of faculty whose primary identification would be in the School of Medicine. That seemed to be one of the lessons that we learned from other programs, whether I convinced Dr. Belgian of that or whether I misunderstood and was unduly worried about his intentions early on at least we agreed fairly early that indeed yes there needed to be a central core and that we could organize a voluntary faculty around that core and that has worked very well over the years but I do feel that it's important to have not just an individual but two or three individuals who have primary commitment to the School of Medicine who provide the core out of which voluntary faculty members need to work.

J.S.: What happens to the second year student besides more selectives? Are there any particular courses that a second year would take?

R.R.: With our department, no. The program is developed so that in the first year they are essentially doing the social science and humanities dimension of the program and the selectives that we offer. Along with other departments, I mean it's not these selectives are entirely in our area some of them are basic science selectives some of them are clinical selectives. So we really participate in a program that is development based. In the second year the students then have a course in behavioral science and that is conducted, I think it's organized through the department of psychiatry still. At this point John Rudicell is the course director of that and that is the program development during that period. I might that in the early days of the school it was very unclear what the deans intentions was for the organizing and structuring of the area that I am now responsible for. It's not clear whether he intended this fifth program as it was called to cover what would be defined as behavioral science as well as focal science in humanities and lack of clarity in that regard. Dr. Berry Blackwell the first chairman of psychiatry had an unusual perspective on what behavioral science ought to be and how it ought to be integrated into the curriculum and he struggled with that for a while his goal was in part that behavioral science should be a part of physiology and anatomy and that there would be places in those courses where these issues would be raised. It became obvious that was not the way the curriculum was going to develop and ultimately it was sorted out that we would take care of social sciences and humanities and that would be the first year in the behavioral science course then it would be under his charge and that would occur in the second year. I think that actually begins now in the latter part of the first year, originally it was only the second year. And our department has limited contact with the students during the second year, a lecture here a lecture there and the selectives program and not much of that either because by the time they get to the second year selectives many of the students then want to choose one of the selectives that they would now be eligible for because of their advanced participation in pathology and microbiology.

J.S.: What happens with the third year students?

R.R.: The third year has been a difficult area for us and it is one of the areas in which I need to return as I was off to Chicago this week to go to these professional meetings and they become an occasion for rethinking what you've been doing, what you've tried, what you need to try yet. We have tried to find a variety of ways of being involved with the students in the third year. As the third year was originally structured, it was a week between clerkships in which students would be doing interdisciplinary topics and we actually had some time assigned during those periods in which we would meet with students. The idea was that we would meet with a group of students and clinician to look at the social, ethical, legal, religious humanistic generally issues they had encountered during the clerkship there were some difficulties with doing that but we carried that on for a while, but ultimately those interdisciplinary periods were abolished. At that point we then began trying to work with some of the clinical departments to meet with them on some of their rounds the problems with that are partly the since of some of the faculty that they need the time for other things. If you time is into rounds we may sit in a session in which the dimension that we have to contribute to is a limited period of time and is it... how much effort can we afford with the limited faculty that we have and the limited time that we have and at this point we are not really doing anything with the third year students. Something that I want to try to revive to look at new structures for. We do run into them through grand rounds, we go off on grand rounds occasionally and the students who are on the service will attend that grand rounds session.

J.S.: What are those like?

R.R.: Grand rounds, I don't know where the term comes from. My speculation is that it comes from the days when a whole host of people would follow a position on rounds in the morning. Rounds continue, there may still be students following physicians around but somewhere along that way apparently, again my history my notion of the history probably is that instead of having everybody follow the physician around we move the patient into a large auditorium and talk with the patient and examine the patient and use this as an educational kind of setting. For the most part now the grand rounds continue in that kind of format without the patient, it now becomes a lecture about a case; here is the facts of the case, you don't need to have the patient there necessarily, now sometimes they do and this becomes a matter for lectures and discussions and so forth. So we have, each of us in our own ways, in our own areas of specialization have been responsible occasionally for doing one of these on an issue that relates to ethics or law or substance abuse or whatever in the various hospitals. One of the difficulties and is one of the advantages but also one of the difficulties of our school is we have students scattered all over the city and the logistics of trying to organize educational sessions which are an effective use of our time is difficult when you have a few students here in medicine and a few students in the same hospital in pediatrics, but obviously because they are in different services their schedules aren't the same, do we try to work with the medical students in medicine or the students in pediatrics and if so do we have to go to each of the hospitals? Those are the issues that I think we need to be addressing again. They have kind of been on the back burner for a couple of years now.

J.S.: If your interaction with third year students is limited, is that the same...can be said to be the same for fourth year students?

R.R.: Even more for so I think fourth year students. In the fourth year students take electives not, again it is a selectives program, they have to choose from a variety of courses that are available but they are individualized most of them are clerkship kind of courses as to say they are on a service working in some area of some specialty in terms of medicine or in a general family practice experience or maybe in a pediatrics surgery, radiology, or dermatology. Many of the things that students do in that period are the specialty areas that they will not have had in the third year. Students may receive a little dermatology in the third year, but very little. They may want to spend a month in dermatology. We offer a couple of courses in that selectives program in the fourth year, one on forensics psychiatry and another using the Hospice as a clinical setting for students to be involved with. We have very few students who take those selectives. And because they are scattered all over the place and you know their responsibility is to that course there's no real occasion for us to see these students during the fourth year except in two ways. First of all there is now there is some time that has been tacked on to the beginning of the fourth year or the end of the third year, which ever you prefer, that's intended to kind of be some summary, classroom kind of activities arising out of the third year and we have several sessions that are responsible for there. And of course we do offer grand rounds and sometimes if a fourth year student is in the hospital for a grand rounds that is being offered if the subject was interesting he might jump in.

J.S.: Well this looks like a good time to end our first interview. The next one I would like to go into the areas of interaction with you and you members of the early staff and your interactions with Dr. Belgian and development of your program past the entail state.

R.R.: Thank you very much.

End of first interview