ORAL HISTORY INTERVIEW
OF MARY ELIZABETH FONTANA
BY LINDA STONE
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Q. Good morning.

A. Good morning.

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

A. I was born Mary Elizabeth Fontana. My married name is Wise. I was born April 19, 1941, in Wilmington, Delaware.

Q. Okay. So what we'd like to do is start at the beginning and have you talk about your family and your early life. We'd like you to share your personal childhood stories, and then bring us up to date on your family today.

A. Okay. Well, I was born in Wilmington, Delaware. I was actually delivered by the husband of my mother's sister. We called him Doc Eddy, and he's the only one anywhere in my family who was a physician. No blood relatives at all. We were in Wilmington, Delaware, because my father worked for the DuPont Company. He was recruited in 1945 to be head of metallurgical engineering here at Ohio State. So my relationship with Ohio State University started at a very young age. And one of the interesting stories about that is, we arrived in Columbus on the third Saturday of November of 1945 and couldn't find a hotel room within the city. Why? It was the Ohio State/Michigan game.

Q. Your introduction.

A. My introduction to the Buckeyes. So when we moved to Columbus, we moved to Upper Arlington, where I still live. And my family, I had an older sister, Marty, and two younger brothers, Dave and Tom. Dave was born in Wilmington. My younger brother,

Tom, was born here when Starling-Loving Hall was the hospital. The main hospital wasn't built until 1951. Growing up as a child I always liked to be outdoors. I was a tomboy. I played ball with the boys. Loved to ride my bike. Spent all day at the pool. Always loved horses, played cops and robbers and cowboys and Indians. Another interesting thing is, our family established a relationship with a physician here in town, who became our family doctor. His name was Thomas Rardin. And we know that the Rardin Family Practice Center is named after him. He was our family doctor. Growing up our schedule was always controlled by our father's schedule. Everything went his way. My mother was a jack-of-all-trades. She made many clothes for my sister and I. She was absolutely an amazing cook and my father, being head of a department at Ohio State, frequently brought dignitaries home for dinner in those days. And my mother with short notice would put together these great meals. And I think that had a lot to do with my eventual career, because he brought home these visiting professors and his graduate students, and I loved interacting with them, hearing their stories. And so I was involved in the academic side of things very early and developed an interest in that. My parents were strict disciplinarians. We had our chores, and if we didn't do them we got spanked, back when that was a very effective way to handle things. Always had a love of horses growing up. I had a friend who had a horse and I would go riding whenever possible. And in fact, I did have a horse for a few years before I graduated from high school. Did some showing. Did babysitting for people to earn money to help pay my expenses. And the one person I babysat the most for when I was a teenager was Joseph Ryan, who at that time was head of the Division of Cardiology here at Ohio State. So there's kind of a thread here.

Q. There is.

A. I also had a lot of other interests, but because of my interest in horses, I was going to be a veterinarian. I was also very interested in airplanes because every summer we would visit with my father's family in the Upper Peninsula of Michigan in Iron Mountain. And my uncles ran the airport there. They would take us up in airplanes. Just loved airplanes. And my uncle had an air ambulance. He transported patients to the Mayo Clinic from that area.

Q. That's so remote.

A. I also was very interested in geology and geography. My parents traveled the world because of my father's expertise. He was the world's expert in corrosion. And they traveled world-wide. And he would always bring back his pictures, and we'd have slide shows. So I wonder where my interest in photography came from?

Q. And travel?

A. Our next-door neighbor was head of the Minerology Department at OSU. And so I was always interested in discussing rocks that I'd picked up with him. I did dance and in 4th grade our class put on the Nutcracker. I was the Chinese dancer. They called it acrobatics then. They didn't call it gymnastics. But I was always very active in sports. I participated in high school in the ridiculous game of basketball that women played in those days.

Q. Half court.

A. Half court. You were a forward or a guard. Forwards could shoot; guards could not. I was a forward. The only other sport that we played other schools in was field hockey. And that hasn't basically changed over the years. But I was always very much into sports. Loved my science teachers. I became really interested in the human body, when we

studied it in the 7th grade. I made my decision basically about medicine when I was a sophomore in high school during biology. And one other interesting thing about our class in high school is, there were three valedictorians. I was one of them, and all three became physicians. So we had a lot of family time, but it was always my father's time. We didn't really visit my mother's family a whole lot on the east coast, back in Wilmington, but when we did I really enjoyed talking to Doc Eddy. And one of my mother's sisters had a farm with horses. I remember that vividly. I loved to go fishing when we went to Michigan. It was a lot of fun growing up. Good relationships, for the most part, with my siblings, although being the second one I was picked on a lot by my older sister and my younger brother. But when I got the horse, that created a little bit of angst with my sister. Favoritism you know. I started going to Ohio State football games when I was 11 years old. And for a long time the only time I ever missed a home football game was the year I was an intern at North Carolina, and that was Woody Hayes' only losing season.

Q. He needed you.

A. Yeah. So that's basically kind of how I grew up. All my siblings now live here in Columbus all these years later.

Q. Maybe go ahead and talk a little bit more about your education and journey into medicine. You made the decision in high school, then you had to put into place the things that led to your practice life. And then your many roles here at the OSU College of Medicine. So, talk about going through your training and how you made those major decisions concerning your focus on practice and medical education.

A. In high school I had already decided on medicine, but my original decision was that I was going to go into research. I was fascinated by it. My father did a lot of research. He was

also renowned as a teacher. And then when I graduated from high school my father was very good friends with Walter Frajola, who was head of the clinical laboratories here at the hospital. He got me a summer job working in the hospital. One of the things I was assigned to do at that time was the BMR, basal metabolic rate. This was the way, in 1959, that you evaluated thyroid function. I had to go up to the patient's rooms and clip their nose, put in a mouthpiece and measure their oxygen consumption. I don't know how basal that was. But I thoroughly loved the patient interaction. And although I also worked in the lab for the next several years on a part-time basis doing chemistry procedures, the patient contact really impressed me. It was really at that time that I decided, "I think I want to take care of patients."

Q. That side-by-side comparison. That's perfect.

A. I went to Ohio State University undergrad and medical school. It was a combined Arts/Medicine program. I did both in seven years instead of eight. During medical school, the way our schedule worked was that we had quarters off. So during our third and fourth year we had three months where we could do whatever we wanted. I had a Roessler scholarship and I worked in the Cardiology Department. How did I get into the Cardiology Department? Well, as I mentioned before, I was Joe Ryan's babysitter. He turned out to be my preceptor in the Physical Exam course. So I got to see his cardiac patients. If there was any doubt about which area I was going into, it was decided during my second year in Medical School. Then another classmate of mine had worked with Dr. Charles Wooley. I went to talk to him about spending my quarters off working with him in the Cardiology Department. And he looked at me and said, "Are you sure you want to do this?" He became my mentor for the rest of my career. And I spent those quarters off

seeing patients, examining them, recording their heart sounds, working in the heart cath lab. I wrote my senior paper that we had to write then on the recordings I had made of patients' hearts and gallops sounds. And this was pre-echocardiography. So we didn't have echo. This was back in the mid-'60s.

Q. We had our ears.

A. Yeah. And so it was a wonderful experience because I could hook up my stethoscope to the amplifiers and recording equipment, which was Sanborn equipment, later taken over by HP, Hewlett Packard. And I really learned the cardiac exam. Plus, Dr. Wooley was famous for details about getting to know your patients. So I knew I was going to go into cardiology. I went away for my internship to Chapel Hill, North Carolina. Loved it there but then came back for my residency and fellowship training. Another interesting aspect of my fellowship training was that I went into my fellowship a year early. I had two years of internal medicine rather than three, since you could be Board-eligible with just two. So I went into cardiology a year earlier. When I finished my fellowship and it was time to interview for jobs, I met with Arnold Weissler who was head of Cardiology here, who basically told me I was too young. If you think about it, I was probably four or five years younger than all of my contemporaries. Why? Because I did Arts/Medicine seven years. I did one less year of residency. All of the guys had to go into the service for two years. I did not.

Q. It adds up.

A. It adds up. I was very much younger than most of the people at that stage. So he made me take a third year of fellowship. And during that third year of fellowship, I basically ran the cardiac catheterization laboratory, which I really loved. Again, Dr. Wooley was my

mentor. As soon as I started my fellowship, he gave me advice. He got me interested in an entity called mitral valve prolapse, MVP for short. I wrote my first paper on it. The thing I'll always remember about that paper, to whom I give Dr. Wooley the credit, it was accepted without revision.

Q. Oh my gosh.

A. That almost never happens. But I probably did 12 revisions under his tutelage to get it right before we even sent it in. That's just the way he was. And when we did heart catheterizations we would meet. And if you didn't know that a patient was one-sixteenth Cherokee Indian, you didn't do enough research on the family history. When he spoke everybody listened.

Q. That's true. I remember his lectures.

A. When I started on the attending staff in 1971, I was basically clinical, rounded on the inpatient service, saw patients. I did heart catheterizations. I loved doing all of it. I did clinical research. I married my husband, Gary, in 1970. He was recruited here in '69, when they were just developing the Independent Study Program. And so he was already on the faculty of ISP. They didn't have a cardiologist then. He recruited me to be head of the Cardiovascular Pathophysiology Module in the Independent Study Program in 1972.

Q. So did you meet here? How did you meet?

A. That's an interesting story, about how I met him. I did my internship at Chapel Hill, North Carolina. When I was an intern, he was a resident in Neurology there. We never met. When I was on the Neurology service, he was doing his research. He wasn't on the clinical service. I knew who he was because I had seen him at staff parties. But we didn't really know each other. I came back for my residency to Ohio State. He went into the

public health service in Seattle, Washington, for two years. He was recruited here to join the faculty in Neurology by Norman Allen, Jim Allen's father, who had been at Chapel Hill. So he recruited him here and one day I was in the cath lab and got a call, "Gary Wise called, he'll call you later." I thought, "Who is that?" He had remembered me from down there, fortunately. So we started dating. We were married a year later. Things kind of worked out really well that way. So I joined the ISP faculty. Another thing that I got really interested in at that time was working for the American Heart Association in CPR. Then in the mid-'70s, Advanced Cardiac Life Support was designed. I was on a national committees to help design that course. We started teaching it here in '75. It became one of my missions that people need to be trained in CPR. But our Medical Center had no facilities for anything. We didn't have mannequins. So what I would do, when we started doing Advanced Life Support, was to personally truck in all the equipment from the Heart Association to teach these courses. One day I trucked in the mannequins to the medical staff administrative committee meeting. They didn't know I was coming. And I trained them in CPR on the spot. I shamed them into the fact that our hospital has no mannequins and no place to train. One of my philosophies is squeaky wheels get greased. When you set a goal you do it. And ultimately, we got mannequins. We set up an ACLS training center. We used M-100 Starling Loving Hall . Our training center now trains hundreds and hundreds and hundreds of people every year.

Q. With state-of-the-art equipment.

A. And it's now over on Ackerman Road. But I was kind of a mover and shaker in that regard for the Heart Association for CPR and ACLS. I got involved with the paramedics in Upper Arlington. I am still on the Medical Advisory Board.

Q. That was a perfect expansion of what you set out to do, not only practice but to educate.

A. Yeah, I was always interested in education from the outset. That started in medical school when I would hold study sessions with my classmates. It came very easy to me. I graduated first in my class in medical school. Medical school was easy and I loved it, and I love teaching others. I knew I was going to be an academician.

Q. And you continue that to today.

A. I continue that to today. So I did the CPR ACLS. I did cardiac caths. Again, I was the only woman in the entire division.

Q. What was that like?

A. It worked out fine. Dr. Weissler, who was head of the division, wasn't exactly helpful. I don't know whether the fact that I was a woman influenced him a lot. The other members of the division then were Charlie Wooley, Joe Ryan, Clyde Shoenfield, Dick Leighton. There were all guys and me, when I joined the faculty.

Q. And that was fairly common back then, too.

A. Yeah. I mean, I was the only female intern in my internship class. There were two of us in residency. And none in my fellowship. But you know, when you know what you want to do you try not to let that bother you. I'm sure I was hired at a much lower salary than the guys. That's still a problem. But at that point it didn't matter to me. I did things that the guys didn't want to do. I did clinical research under Dr. Wooley, mostly cath lab-based or auscultation-based, clinical stuff. I became a national expert in mitral valve prolapse. I wrote several papers on that earlier in my career. Then, things started to change. I switched from the cardiac cath lab to non-invasive cardiology in the early '90s because of my interest in valvular and congenital disease. From an educational

standpoint, of course I was always involved in ISP. In the ’90s, we developed problem-based learning as a pre-clinical track. I was under John Curry who developed the curriculum. I wrote all the cardiac cases and was a group facilitator. In 1997, I took over all of the pre-clinical cardiology for the medical students. In exchange for that I didn’t do inpatient medicine anymore. I continued with outpatient medicine.

Q. So that was both the lecture discussion and the ISP curriculum?

A. Yeah, we had three pre-clinical tracks for 10 years. We had problem-based learning, we had independent study, and, we had lecture discussion. And then a new Dean came in and got rid of PBL, problem-based learning, without consulting the faculty. He just dropped it. His major reason was, it was too faculty-intensive. You had one or two faculty with six or seven students.

Q. So it wasn’t based on the outcomes?

A. No, the outcomes were good for all three. There was always this friendly competition between LD and ISP, about who had the higher board scores. ISP would win that more often than not. But there’s bias there, because people would choose independent study because they were more focused, motivated and had some advanced students. Everybody did well. The PBL students did well, too. So we went down to two pre-clinical curricula, which stayed that way until the LSI, lead, service, inspire curriculum started five years ago, four and a half years ago. So I was mostly clinical, but I loved having students, fellows with me. I always had a fellow assigned to me. I loved to teach in the clinical environment. I loved teaching the pre-clinical students. It was predominantly lecture then, but I loved instructing small groups. I just really dedicated my time to education. After my husband died in 1997, I decided, “You know what, I’m just going to do what I love

doing." So I concentrated solely on education, didn't do any clinical research anymore. I still did my clinical work, but took over everything to do with education. I was on a lot of committees. I was on the academic committee that developed the Introduction to Clinical Medicine. I was on all the committees that developed the curriculum every time it changed. I chaired review committees, including a review committee for the med 3-4 curriculum at one point. The only committee I was never on was the Admissions Committee.

Q. There was no time for that. What did you think about this transition to the LSI? We've had four years or so on that.

A. I love the LSI curriculum. The reason why I love it is, it puts the students in doctors' offices early. One of the big problems with previous curricula, and when I was in Medical School the first two years, was the only time we saw patients was when we did physical diagnosis. And then all of a sudden, okay, you're taking care of patients now, with no transition. And the nice thing about LSI is that it has the best of all of our previous curricula. It's basically an independent study program. Because the students have control over what they do. They're trained in how to start working with patients very early. That's huge. Because I think when you're teaching someone about taking care of patients, it's kind of in a vacuum, unless they're seeing patients at the same time. And they can learn it so much easier that way. Its predecessor was the Integrated Pathway, where we taught normal and pathophysiology together. In the lecture discussion, the first year of the curriculum was normal man; the second year pathophysiology. So integrating those was huge. I was Associate Director of IP. My major mission when I was Associate Director of Integrated Pathway was to bring in team-based learning.

Q. Which you continue to do today.

A. Which I continue to do today. The interesting thing about TBL is, when I said I was going to do it and announced it to the class, 90 percent of them said to not do it. There had been one trial balloon at TBL by someone else, which didn't work out too well. So the first year I had it, it didn't count for anything.

Q. That was a good way to introduce it.

A. Yeah. I mean, we're going to do this, but it's not part of your grade. And it worked out pretty well. It's an evolutionary process in TBL. You have to learn how to write the cases and questions so they provoke discussion. I've been doing it for 10 years. Now it's one of the favorite teaching and learning methods of the students. They really like team-based learning and it's throughout the curriculum.

Q. And it also helps them transition to reality, too.

A. It transitions them to reality because they have to solve clinical cases. And we try to write them like you're really solving these cases sequentially, like a real doctor does. And that's always been my emphasis educationally, is to get students to think like doctors, rather than just memorizing facts.

Q. One thing, and you've touched on this several times, but if you go back and look at the most significant, now that you've worked with some true leaders in cardiology here at the College of Medicine. But the relationships and mentorships that you experienced that were life -altering for you, and then maybe after you talk about that a little bit, talk a little bit about the role of mentoring today, because the students talk a lot about your availability, your willingness to sit down with them, take them from where they are, just

like we do our patients, where they are and walk them through to get where they need to be. But have patience with them. So talk about your mentors and why you mentor today.

A. Okay. I had a lot of mentors. I mentioned Charlie Wooley before, who was probably my biggest career mentor. He really not only directed where I went with my clinical research, but also in the way that really was patient-centered. He really advocated spending time with them; get the details, make good decisions based on good information. I mentioned Joe Ryan; I babysat for him. I rounded with him as well. And he was a very good clinician. I developed a good relationship with Jim Warren, who was head of the Department of Medicine then. I talked with him a lot when I was a student about where I should interview for internships. He gave me a lot of insight on that. And I also became a good friend of Robert Zollinger. How I really got to be his friend, is kind of an interesting story. When I was a medical student, students presented the cases at surgery grand rounds. And everyone knew that was one of the world's most intimidating experiences, to go up before Dr. Zollinger, because he would always needle you unmercifully. The case that I presented, was a case of idiopathic thrombocytopenic purpura, where he did a splenectomy. He wrote two papers on it. I memorized his papers before I gave the presentation. So every question he asked me I just regurgitated what he wrote.

Q. That's perfect.

A. He called me Galen after that. I went and talked to him, too, about career advice. Behind that big façade was one of the nicest people you'd ever want to meet. Other people, Bertha Bouroncle, who was a very famous hematologist here. I was her resident. She was fabulous in how she cared for patients, how kind she was, how smart she was. She was awesome. Ernie Mazzaferri, Sr. was my chief resident when I was a resident here. Life-

long friend. He was a very strong supporter for me through the promotion process. He wanted very hard for me to be promoted to full professor. But in the interim my husband died, and I decided that was not my priority. Earl Metz, a delightful, brilliant man. Loved working with him on committees.

Q. Really the icons.

A. Dick Lewis, who was head of the division for a long time. And then a contemporary of mine, Kathryn Clausen. She and I did undergrad and Medical School together, although she was in Michigan for part of her Medical School. We're still life-long friends. She was the Director of the Independent Study Program before me. I took over for her when she became head of Pathology. So we worked together for years.

Q. There was a real bond there.

A. Yeah.

Q. You mentored each other.

A. We mentored each other. I've had an opportunity to be a mentor to so many people. I suppose the one that I've been the closest mentor to in recent years is Troy Schaffernocker. When LSI came into existence and they merged cardio and pulmonary into one block, Jim Allen who had been head of the pulmonary block for years passed the baton to Troy. And so I basically worked with Troy about how to construct a block and all the ins and outs of being a block co-director. He's become really good at it. He's got multiple roles in LSI right now. I've always had fellows in my clinic working with me. They were fantastic. Curt Daniels, who is now an international expert on congenital heart disease, adult congenital heart disease, was my fellow. I actually originally started working on the protocols to do the interactions between adult and congenital heart

disease. That's now a developed field with a fellowship. I started working with the people down at [Nationwide] Children's [Hospital] and he took over for me. But my first love is the students, to get them to think like physicians and for the last almost eight years I've held the Harry and Elizabeth Powelson Professorship, which is a 20-percent position devoted to mentoring and counseling medical students. I have study groups. I do individual tutoring. I have office hours. I'll talk to a student anytime.

Q. And they know that.

A. Yeah. And I just love it. Lecturing is fine. But doing the small group interactions and personal stuff just is much more satisfying. You can really see how students think. And assist them in that process.

Q. I'll never forget when I went to the Interim Dean when I was Associate Dean and said, "You fit this chair perfectly. The Powelson chair." And she looked up and said, "I'm done."

A. Yeah, when she asked me to do it, I said, "You know, I'm already retired. Does that make a difference?"

Q. Not when we get someone the caliber of you.

A. It comes up for renewal next February. And you know, the University isn't too happy about having retired people around for a long time, which I think is a big mistake.

Q. It is a mistake.

A. But this is an endowed professorship and it's controlled by the College. So Dan Clinchot has reassured me that I will be reappointed.

Q. I would think that would also be a no-brainer.

A. Yeah, and he said, "I'd have to replace you with four people."

Q. But I think you brought a whole other view of what that chair could be. And we'd hate to lose that.

A. Yeah, I use it as kind of the umbrella for everything I do. All the committee work, the teaching, the tutoring. I've been involved in so much of it. A lot of people probably don't like to see me coming because I'm always asking questions about things. What are we doing to do about this? What are we going to do about that? Because I have time to think about it.

Q. That's been a big part of your success. And that actually goes right into our next question. You chose your pathway here at the OSU College of Medicine.

A. Yes.

Q. Very carefully, even turning aside some administrative roles so that you could serve patients and education. I'd like you to talk about your experiences, what they meant to you, what Ohio State means to you. And would you talk a little bit, I don't think anyone's received as many teaching awards and recognition as you have. So I know you are a humble person. But I'm going to ask you to talk about your experiences here and talk about everything from the wonderful day you got Professor of the Year, and all of those things. So I want you to just wax poetic, if you would.

A. Yeah. The way I chose my career path was always judged by the fact that family came first. I have three children, Scott, Beth and Mike. And they were all born between '90 and '95. I wanted to see them grow up. And so I felt it was important to make sure that I could do that as much as I could. When I was on the inpatient service, my husband knew that there were going to be long days, when you were on call. If I got called in at night it drove him crazy. He said, "Call me when you get there." But otherwise, I didn't want to

get involved with high-level administration in any way, because I wanted to be in the trenches. I wanted to have as much control as I could over my schedule. One of the major reasons I went into academic medicine anyway, and cardiology – at least you knew when you were scheduled to do things. So my husband and I had kind of a mutual admiration society. He was at OSU for a while and then went into private practice. He coached the kids in their sports. We always tried to make every one of their games. I was scorekeeper for the baseball teams. We always wanted to get to all of their activities. We wanted to see them grow up. I loved doing heart catheterizations, but when they started doing interventional cardiology, cracking plaques, doing angioplasties, and so forth, all of those were done after 5:00 at night, because you had to have surgical back-up. I was not interested in that. So I didn't get into intervention. I said, "Okay, with my interests, let's switch to noninvasive cardiology," which I did. I still had to be on call.

Q. And the art of the echo was rising.

A. Echo came in in the '70s. And it became the dominant procedure for the things I was most interested in. I was the only gal in the cath lab. I would want to do all these interesting cases, where I would teach the fellows and spend more time doing the procedures. The other guys would walk by and say, "Well, we've got other cases to get done." And so there was a lot of pressure. The volume went up to crank the cases out and I wasn't particularly interested in that. So I wanted to get out. I wanted to teach the fellows and spend the time and talk about it. And as I mentioned, when my husband died I wanted to do exactly what I wanted to do. That meant, okay, I don't care about whether I ever get promoted. I want to be in the trenches, teaching the students, teaching the fellows. One of the things that precipitated me leaving seeing the patients was the fact

that they took my fellow away from me. I was still having an occasional resident or student. When they took the fellow away from me, the major reason they did that was, the rules for the cardiology fellowship was that they had to see new patients. And I stopped seeing new patients a few years before that. That was just a devastating blow. It just wasn't the same. I'd go in and see my patients and they would say, "Where's your cohort today?" And my patients were fantastic. I was Director of ISP for 11 years. And that's as high as I wanted to go in the administrative realm. I enjoyed doing that. I fought to keep ISP really independent, and it kept getting diluted. I was asked on numerous occasions why I didn't apply for various Assistant Dean roles in education. And I said, "I don't want to do administration at a high level. I want to be in the trenches." So I just got off into doing things that I wanted to do that were personally fulfilling for me. I developed cases for problem-based learning. Now independent study got into computer-based instruction early, and I developed programs for that; practice questions with feedback and programs using graphics and audiovisuals. Back in the early days, if you wanted to get support to develop something like that, it wasn't there. And it's been interesting to see the development, new curriculum development, new ways to teach. Great, loved it, still do.

Q. That rolls right into what you think your legacy will be here at Ohio State. Of course, you've already developed a lot of it. But you've given a lot of your time and talent to patient care. And also, you've had a philanthropic mission. Talk about what you believe your legacy will be here at Ohio State.

A. I hope I'm remembered as a teacher, educator, and a good doctor who listened to patients. I've gotten over 25 teaching awards at varying times over my career. But you always

value Professor of the Year the most, because it comes from the students. The Distinguished Educator Award and the Lifetime Achievement Award are right up there as well. Being recognized for what I've done here. I was selected for the Earl Metz Award, and that's given to physicians who are good docs. You have to write a speech for that, and that speech is still my all-time favorite speech.

Q. And we have it recorded, don't we, here?

A. Yes, I think it is recorded here at the Medical Center. I adapted that speech after my husband's Wise creed of success that he wrote before he died. I interspersed with what we most learned and personal experiences and came up with my top ten list that really personified me. And so you know, I could basically read those ten things and it would tell you what I think. I have actually here in front of me the Power Point from that presentation.

Q. Do you want to hit a few highlights?

A. Let's hit a few highlights of my top ten list. I think that basically that I can teach someone how to think, but that they have to take part in the process. How to be active learners and to get them to discuss, not just impart one way. It's a two-way street because I hate slackers. It's important when you're teaching students, to give them a chance to, in a non-confrontational way, give their opinion about something. They don't have to be right. I want to know what their thought process is, so that I can help them with it. Always get the details so you understand what you're doing. Set your goals, get the details, don't have tunnel vision about anything. Be open-minded.

Q. Well, you set an atmosphere of respect when you do those things. And I think that's what comes through when the students talk about this.

A. Some students find me intimidating because I have high standards but in the end they always come around.

Q. They do.

A. And another thing, squeaky wheels get greased. If you have something you need to discuss at any level, talk about it with people. Work it out. Always listen to your patients and students. Preserve that doctor-patient or doctor-student relationship, so that it's always a two-way street. So that kind of is the way I operate. One thing I noticed after I retired, one of the things I wanted to do, I was named Professor of the Year in 2005. And when I think about all the teaching awards that I've gotten, I've got a lot of plaques. I've got piles of plaques. I've gotten basically every teaching award the College offers as well as the Alumni Association. So I've gotten them all. Not that you need the money but I think, you know, rewards for teaching ought to be more than just a plaque. I got this idea about creating endowments. So in 2005 I created an endowment for Professor of the Year, so that anyone who is named Professor of the Year gets a check from my endowment as a reward. The next step was, when the Courage to Teach was brought in by you, among others, and I was inducted into that. That's a nice way to bring clinicians together who are really involved in humanistic teaching. So I started looking at endowed chairs, professorships, that had anything to do with the College. I wanted to see if any of them had anything to do with education.

Q. And that was an eye-opener.

A. And that was an eye-opener because there were about 40 of them, and all the professorships and chairs are all patient care, research, given by patients in honor of somebody. There was only one that had anything remotely to do with education. The

Powelson Professorship, which I hold, was related to education. I said, "This is ridiculous." So I created, about five years ago, my endowment toward faculty development and medical education, and its first mission through Courage to Teach, is to reward master teachers. And we pick two every year and they get a stipend, with the idea if that endowment builds up to a large amount, there would be money not only to support master teachers but also other activities that involve faculty development and medical education. So we're working towards that goal.

Q. I think you opened a lot of peoples' eyes, to the fact that there weren't those kinds of rewards in education.

A. There really isn't. And you know, for the most part it makes you feel great when you get these awards, the accolades of the students, your peers. And it looks great on your CV and you feel great about it. I think the recognition of educators has improved greatly over the years. But it's still a big issue and ultimately I may actually create a professorship devoted entirely to medical education. The person who holds that position has to be an educator and do some clinical work.

Q. You've been extraordinary successful, but we all define success in different ways. How would you define success when you look at it through your own personal lens?

A. I think success for me was setting goals and accomplishing them. My goals are, I want to create physicians who know how to think and know how to take care of patients. So that's really my goal. That's always been my goal right along. When I'm teaching people I want them to learn so that they can apply what they learned from me, and become good physicians wherever they go. And when I was taking care of patients, listening to the patients and trying to make good decisions and care for them. I want to impart my

enthusiasm for teaching and learning to everybody, whether it's physicians or whether it's the public. I like to go out and talk to people about anything. I have a great interest in photography. I love to impart that.

Q. Is that a good place to pause while she changes the tape?

A. Okay. We'll pause.

Q. The next question really goes into the last lecture, which really builds on this success piece. Okay, we were just talking about success and how you define that. So I'd like to go into the next question, which kind of builds on that. If you were to give a last lecture, which you will be doing with our new Last Lecture Series starting in 2017, what would you like to tell the next generation?

A. I think I would like to tell the next generation is just to have a great deal of academic curiosity, have a thirst for knowledge, set your goals, decide how you're going to serve others, whether it's in medicine or other fields. How to have a thirst for knowledge and how to apply it to compassionate patient care. And above all, listen to what other people say and involve them in the process, so that you can make intelligent decisions. And if you really want to get down to brass tacks as a medical student, don't forget to do a good history and physical exam.

Q. That can get lost in the technology shuffle.

A. It gets lost in the technology shuffle and that's one of the things that I emphasize the most. Talk to your patient. Do a good physical exam. You can make more than 90 percent of cardiovascular diagnoses with a good H&P. The technology refines it.

Q. And back when we were in Medical School that's exactly the same percentage. You can get it from the History and Physical.

A. And it's kind of a lost art. I do these professors rounds with the Med 3's and it's very enlightening, how little they really know. So I'm always on my soap box about that.

Q. It won't be a lost art as long as you're around.

A. Yeah, but the Last Lecture would basically be a paraphrase of my speech when I got the Metz Award. I put so much of the same research into that. And it really encompassed my career. That was right after I retired. I went back and read through the speech and said, "Oh, this is it." It's all there.

Q. So you're all prepared for your speech in 2017.

A. The Metz award speech is already in the archives, so I'm going to have to make some adjustments.

Q. In the book, "Tuesdays with Morrie," Morrie Schwartz talks about things that are closest to your heart. In your personal and professional lives, what are the things that are closest to your heart?

A. Well, my family comes first. Gary and I were married for 27 years. He died of IPF at age 59, which was way too soon. Great kids. Scott, Beth and Mike.

Q. Are they here in town?

A. My two sons live here in town, so I see them all the time. They are married. My youngest son has three kids, Natalie, Adrienne and Owen are 12, 10 and 8. Scott and Nicole have two boys, Wes and Andy, who are 4 and 2. My daughter lives in Sandpoint, Idaho, now. She is now married to a gentleman who has three children, who are 10, 9 and 7. And they just adopted a baby girl, a newborn baby girl.

Q. So you are up to nine?

A. I have nine grandchildren.

Q. I know you like to vacation with them.

A. Yeah, we do vacations together. I go to umpteen soccer games. I love to go out to visit my daughter. She was in Seattle for 15 years. Travel is one of my hobbies. But all of my siblings are here in town. So a lot of family activities. And some of their children are here. So family activities really take precedence. As far as my profession is concerned, what's closest to my heart is teaching, actively involving the students at all levels. From a personal standpoint, not only is it the students but it's working with all the people here, colleagues, staff. It's a great place to work. I love being here. For personal fulfillment outside of medicine, anything outdoors. I'm a died-in-the-wool Buckeye fan, particularly football and basketball.

Q. And a gifted photographer.

A. And I started my photography career when the kids were young. I photographed all their sports. I put together programs for the banquets. I've been an official photographer for choir trips. I love to capture the essence of all my travels, because I get a lot of personal fulfillment out of traveling and seeing different cultures and people.

Q. You've been some amazing places.

A. I've been a lot of places and my particular interest in nature, anything to do with nature and geography, animals, people. I select the trips where I can involve all of them, and I do all of the active ones now while I still can. So I love travel. I like to play golf. I do my own yard work. I like being outside. I like to walk. I'm not a runner at all. I'm going to go home today and rake an incredible number of leaves out of my yard. Everybody else uses a blower. I use a rake. It's my cardio workout.

Q. That's good.

A. Yes. I always have all these projects. Somehow I fill up all my days, even though I'm only working part-time now. I do all my own housework, all my own yard work. I have all sorts of photography projects and photo clubs and give talks.

Q. What's your next travel destination?

A. My next travel destination – well, I'm going to Hilton Head Friday for a week. After that I'm going to Baja, California, in January, to learn all about the flora and fauna, and to pet the gray whales.

Q. Because you do the national parks.

A. I've done a lot of the national parks. I've done a lot of places all over the world. I haven't been to Asia yet, but I have a very long bucket list. I've taken a lot of cruises too. But the cruises are for the destinations. I don't care about the cruise ship and all that. It's where we go. So I've done a lot of traveling. I'm going to Patagonia next year and Buenos Aires and Easter Island. So I've got that on the docket.

Q. What's your favorite destination of all the places you've been?

A. Probably my overall favorite trip is Australia and New Zealand, where I spent 33 days. But there are a lot of them in second place. Iceland, which I just went to in June, is an unbelievably beautiful and fascinating place. Safari in Africa. I've been to Egypt, just the antiquities of Egypt. The Galapagos Islands. In the U.S., all the national parks, out west. Just awesome. And I haven't traveled as much around the USA as I probably should. I have to do more trips in the U.S. I've got a very long bucket list of places I still want to go.

Q. As we traveled through the questions today, did we miss anything that you'd like to talk about? Or any pearls of wisdom that you'd like to leave with us?

A. Well, I think I probably hit most of them. I've been very dedicated to everything that I do here. Do the things with the family. I also have worked with the Upper Arlington paramedics since 1976. They actually named an award after me, that they give out to a deserving member of the team. And I get to help pick that. I was very honored by that.

Q. Weren't you instrumental in the transition for first response?

A. I actually – that's another interesting anecdote. When I was a fellow, Jim Warren started the Heart Mobile program here, which is the first EMS system. And I was one of the instructors for the first class. I taught them about acute myocardial infarction, about heart attacks.

Q. When was that? Do you remember?

A. Oh gee, I was still a fellow, probably 1970. And the first heart mobile was this huge, big van. And so that's how I got involved with that, and all of the CPR, ACLS. I got several awards from the American Heart Association for service. I'm still on the Paramedic Advisory Board for Upper Arlington, but I'm not chair anymore.

Q. Because that set a national standard, if not a world standard.

A. Yeah, I was involved in one of the early national standard-setting conferences. The way advanced cardiac life support is taught now. We actually, in our chapter here, developed the right way to teach mega code. We developed the system and everybody else just took it and ran with it. And one of the other things is with regard to my involvement in independent study here. Many of the things that are now the accepted parts of the curriculum were developed in ISP.

Q. That has to be satisfying.

A. That is extremely satisfying, because students came into independent study, and they developed the anatomy course, where you have all the graphics and everything. They developed that using ISP students, and then that morphed to the rest of the class. I had clinical correlation sessions in ISP, where I would sit down with the students. Not all of the module leaders did that. A student could go through ISP and never see a faculty member if they were good. They just took their test and passed and they were done. But I insisted that I meet the students. So they had to meet with me. That particular exercise became one of my team-based learning exercises and one of my articulates. I developed a cardiovascular study unit with all the graphics and all the illustrations of everything about the cardiovascular system, I use all of that in my lectures and articulates now for LSI. I developed practice tests online with feedback on right and wrong answers. That's what they want in articulates, the quizzes. I already had all of that. I just merely transitioned it as the curriculum evolved. What do the students do now? Yes, there are lectures in the lecture hall. But they're not required. You have 200 in a class. You are lucky if you have 50 in the lecture hall. There are podcasts. That's independent study. There are many things that they do on their own time. When they take the exams is set. In independent study, there was a suggested completion time and a maximum time, whereby they must take the test. And problem-based learning. In that curriculum they learned everything by studying cases. Now you have TBL. The most popular sessions for the students are those that involve case-based studies, small group sessions, review sessions, where you're talking about cases. And so the best of PBL and ISP have been taken and put in LSI. And that's why I'm such a proponent of this curriculum, because it has the best of all worlds.

Q. That's more reality-based.

A. It's much more reality-based. It's got a lot of growing pains. I'm now on the committee to review part one. Just eye opening. Most of the things we're finding are no surprise to me as a block leader. And I'm the only block leader on the committee. And I'm not on the committee as a block leader; I'm on as a resource person, because I've been around so long. And have been involved in other curricular review. That's proving to be a very interesting experience. So I'm involved in that. But I'll be teaching the cardiopulmonary block January 3 for nine weeks. And so it goes.

Q. It does.

A. I'm planning on staying around.

Q. Well, we're very thankful for that. And thank you for letting us come into your world and hear about all the things that you've done. I hope that with all the things you've done and your organizational memory you have, I think Al Cressons is working with you to have your collection of your materials, your teaching materials and that kind of thing, come here to the Medical Heritage Center.

A. Yeah. I'm trying to keep the important things as we develop going along. So I do have some things to contribute.

Q. That would be great. Because we have this interview, your Earl Metz lecture, and then your collection materials. What we really want to do, is paint a picture of influential people in the history of medicine here at Ohio State. And especially women. We found out that our collections don't have very many women. I think there's one.

A. I remember in looking through various things for this, the local legion thing. Actually, that first happened in 2005. It was reiterated again.

Q. Right.

A. But it was you and me. Becky Jackson, Claire Bloomfield was one. And Carole Miller.

Q. That's right. You've got a good memory.

A. I remember it because I was looking through things getting ready for this.

Q. And then they reiterated it later, when we served on that panel.

A. Yeah. We've done panels. I got a Gender Equity Award at one point as well years ago. But you know, it's been quite an experience here at Ohio State. I'm very loyal. They irritate me beyond belief about their rules about retirees. That was a very interesting experience when I was called in by my division chief. I didn't know for what. And this was a few years back. And basically what he said was, "You can't see patients. All the new people in the division have to see them. You can't do anything clinically. And you have to stop now." And I looked him in the eye and said, "Are you going to write a letter to my patients telling them you fired me?" Since I retired, I have a way of not mincing my words when I get irritated. Little did he know is that I had already decided not to see new patients anymore. I wasn't going to give him the satisfaction of that, though, at that point. The reason why I decided to stop seeing new patients was that I knew I was going to retire soon. And the other thing was the electronic medical record. I didn't want to deal with it.

Q. I agree with you on that.

A. I didn't want to deal with it. And so I cut back. I got them to agree to let me see my follow-ups. And then the University came down and said that we can only rehire retirees for five years. And at that point I had been retired for ten. You have to stop seeing patients now. So I went to Dr. Bornstein. And he said, "As long as you're revenue neutral, you can continue to see patients as long as you want." They've collected 55

percent of what I made ever since I retired. I've been revenue neutral. But it was just the idea. When they took the fellow away from me. I decided, it's just not worth it anymore. But I had a year, so that I could tell all my patients and shift them to other people. And so it was hard.

Q. But you earned the right to that. Not an abrupt stop.

A. And I made a good transition for most of them. And I still hear from some of them. I still see some of them at social gatherings. And one of them is in the hospital right now. I just got a report on that. So I'll go see him.

Q. But your devotion to education has been able to continue.

A. Yeah, and I don't just work with the pre-clinical students; I have professor rounds with the Med 3's. That my patient contact. It's an absolute delight to go to the bedside. The patients love it. The students love it. Everybody loves it. And I do OSCEs [Objective Structured Clinical Examinations] for the Med 4's on ECG's. So I still get to see the part 2, part 3 students. I teach Advanced Cardiac Life Support still. And it's just fun doing curricular development and seeing that the students are actively involved in their learning. And because I've been involved in it for so long, one of the real advantages that I always had as ISP director and as block director, is I know everybody in the basic sciences and the clinicians. So I can deal with them. That's been a huge advantage for me. When I can't get pharmacologists to teach a lecture, I just go to the clinical pharmacologist and get someone. And I just work way ahead. I work six months ahead. It's one of the kind of irritating things a little bit, because I work ahead and then they change the rules.

Q. That's true.

A. And then I have to re-do something again. It is that way now. So I complain about it and then I forget about it.

Q. And you move on. Well, thank you. Thanks very much.