

**Oral Memoirs**

**of**

**Michael Weisz, MD**

An Interview

Conducted by

Clinton M. Thomson

May 11, 2018

Development of the Tulsa Medical College:  
An Oral History Project

Schusterman Library  
University of Oklahoma – Tulsa  
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## **Interview History**

The recording(s) took place at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma. The recording(s) and transcript(s) were processed at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma.

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## **Collection/Project Detail**

The Development of the Tulsa Medical College Project was conducted by the Schusterman Library at the University of Oklahoma-Tulsa from January 2016 to June 2018. The project focused on the development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma-Tulsa.

Michael Weisz completed his third and fourth year of medical school, as well as his residency in Internal Medicine, at the Tulsa Medical College. He went on to become faculty in the Department of Internal Medicine and held various positions including Program Director of the Internal Medicine Residency, Medical Director of the Simulation Center at OU-Tulsa, and Chair of the Department of Internal Medicine.

Clinton M. Thompson was the first Director of the Tulsa Medical College Library and went on to be Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

Alyssa Peterson was a Reference and Instruction Librarian at the Schusterman Library.

Michael Weisz, MD  
Oral History Memoir  
Interview Number 1

Interviewed by Clinton M. Thompson  
May 11, 2018  
Tulsa, Oklahoma

Development of the Tulsa Medical College: An Oral History Project

THOMPSON: Today is May 11, 2018. Welcome today. Would you like to introduce yourself and then tell us a little bit about your career?

WEISZ: Sure. I'm Mike Weisz. I'm a Tulsa native. I'm currently the chair of medicine at OU, at the School of Community Medicine. I started my career, I was an OU—I was an undergraduate at OU and was, went to the College of Pharmacy, and graduated from the College of Pharmacy in 1976. And moved to Tulsa. Worked at Hillcrest as a hospital pharmacist until I decided seven years later to go to medical school. So, I applied to medical school. Got into the College of Medicine. At that time, well, we had—Susan, my wife, and I had three kids, so we packed up our three kids and moved to Oklahoma City. And we lived in the Village, and we stayed there for two years. So my first two years of medical school I was at the Health Sciences Center in Oklahoma City and then we moved back to Tulsa, and I finished my last two years of med school in Tulsa. And then was accepted into internal medicine residency here in Tulsa. And did my three years of residency in Tulsa, and then the chairman, Dan Duffy, offered me a one-year position in 1991 to be on faculty for a year as a chief resident, and so at the time, I said, well, you know I didn't, I was looking for some jobs around Tulsa, and because we had decided we would stay in Tulsa, and I was having some really nice offers, but you know, I thought I could do a year, maybe that would be fun, and so that was 1991. And I've had one-year offers every year since 1991 'til 2018, so here I am still on faculty.

I was, I've done a lot of different jobs in the University, in the department. I was the program director for the residency program, I did that for ten years. And then I, and during that time our chairman Dr. Duffy left. He moved to Philadelphia to be the vice president of the American Board of Internal Medicine, and so I was interim chairman for three years while we were waiting for a new chairman to come on or hire somebody. And we hired Bob Wortmann. He became, he was the chairman. At that point was actually the first time I was really able to be the program director because actually Dr. Duffy—I was associate program director under Dr. Duffy. He made me the program director and then he left. So I was the interim chairman, completely incompetent, and the program director who didn't have time to do it, so when Bob came,

Wortmann came, I actually was the first time I was actually to become the program director and do that full time. He, Bob stayed about seven years, and when he left, after that time I became the interim chairman again. And then I did that for almost three years, and then Charlie Foulks came as our chairman. During that time I had, I finally decided I didn't want to be the program director for the residency program anymore, I really wanted to run the medical student program, so we hired another program director and she came and she became the program director and I became the medical student clerkship director, which was really a fun job for me. I liked that a lot, working with medical students. That program director left and they needed a program director again, so I became the interim program director then, and ran the residency program until I hired a new program director to come on and that was John Schumann, who is now the president of OU-Tulsa, so I saw that talent and I hired him as our program director.

So, I hired John as the program director and when I did that I went to Dan Duffy, who had come back from Philadelphia, and was the dean, and met with him and said, you know, it was kind of funny because I said, "I'm not the program director anymore, now what am I going to do?" You know, I liked my job seeing patients and doing clinical stuff, but I really liked—wanted to do something different. So he said, we talked about some things, and he gave me, we were talking about some things that were out there, and one of the things he mentioned, there were two things he mentioned, one was to become the medical director of the clinical simulation center here, and so I, I have no idea what the other thing he offered me was because I just don't remember what it was because I was like, I'm going to take that, but I learned a lot about negotiation. So, I kind of said I'll think about it, even though in about three-tenths of a second I knew that was what I wanted to do. So I went home and came back the next day and we negotiated that position. So I took over as the medical director of the simulation center, which I knew nothing about, nothing, but it sounded fun.

And so I, what I didn't know was that at that time there was the big move to bring the first and second year medical students to Tulsa to start the program where they'd have all four years in Tulsa. And I found out that part of that job was I had to learn the courses, some of the courses that would be here, and I had to be involved in it. So, I had to go to Oklahoma City to learn, to actually be part of the courses there. And that completely changed my career. At that point I was kind of in that lull part of your career, because I started working with these first-year medical students and second-year medical students, and it was the most fun thing I've ever done in my whole life in my job. And the, so I really, really, really, really liked it a lot and so I was working with those students, driving back and forth a lot to Oklahoma City. I was going down there, you know, about three days a week, and was, and one thing I did, I had to teach some of these courses. I wanted to know what the students were doing in their courses, and so they have, everything is recorded, so what I would do was on my way driving to Oklahoma City and back I would listen to the recordings of the lectures of that week, you know, to see what was going on. I couldn't listen to all of them in four hours a day, but I listened to a lot of them, learned a ton,

found a lot of things that I didn't know. All the immunology that had changed, you know, from when I was a medical student it just completely changed. So, but I had to kind of keep up, I had to know some things about what they were talking about when they were talking about the new genetics and everything. So I started doing that, actually I started teaching some courses, other courses, review courses with some of the faculty in Oklahoma City, got to know the faculty down there really well, because I didn't know them very well at all, which was really nice. So I really, so we built our new simulation center here and the, with the Tandy Foundation grant that we got. Brought our, and then, you know, started the new, having the medical students here three years ago. So, in the meantime, during this time, I was, so I was running actually the first, second-year medical student program in a course called Clinical Medicine, which is kind of how you do history and physicals. And the internal medicine department, I'd kind of, I was still in the department, involved, but I kind of had let other people do the job, and the department kind of fell into some hard times. Some things happened and so they asked, they had some leadership changes, and so the dean asked me to become the interim chairman again. That was my third stint as interim chairman in the department, which I agreed to do. And so it was kind of interesting because the previous two times when I was interim chairman, the first time I was, you know, very, very junior, really was hardly out of residency, really didn't know, I didn't know what I was doing, really wasn't that interested in becoming the chairman. The second time I knew what the chairman job was and I didn't really want to do that. The third time there had been such a change in the culture and the leadership in Tulsa, that I started thinking about, thought well maybe I'd like to do it full time, and so the dean and I talked and I applied for that job and then I got it, so I've done that now for almost three years of being the chairman of the department. However, one of the deals I did, one of the negotiation pieces I made when I was negotiating with the dean is I said I still wanted to be the medical director of the simulation center and run the medical student programs because that was one thing I was not willing to give up and I haven't. So that's kind of my career in a nutshell to where we are right now.

THOMPSON: Excellent. If you'll let me, can I take you back to when you were a student here?

WEISZ: You bet.

THOMPSON: In your third and fourth year. Anything that comes to your mind about those two years while you were a student, either other students that you knew, the way this school was formulated, which was different than the experience than an Oklahoma City student would have gotten, or any of the faculty that you remember that influenced you during those third and fourth years while you were a medical student.

WEISZ: So, at that time we were in, I guess we were in, I guess we were in, we were actually, we were at the VA in Muskogee still, so we were in all of the three major Tulsa hospitals and in Muskogee. So, now, part of it, and it was, it was, you know, we were a lot smaller. The school

itself, kind of our central core, was located at 31<sup>st</sup> and Sheridan, over that way, but you know the main administrative offices for the students were in the library building. And so, but we were, I think one thing I know is there were a lot less, you know, we had probably, I can't remember how many, thirty-five or so in my class, something like that, in Tulsa. And so one thing that happened was you really got to know each other really well, you know, that was our group. You know we still knew the students in Oklahoma City from when we had been there for the first two years, especially the ones—the twenty or so that were in module—but this became, you know, kind of our core, you know, peer group of who we had.

So, I mentioned Dr. Duffy before, he was a big influence. My first rotation was internal medicine when I was here. I mean, it's funny, there's some funny things, and so, the thing I remember clearly was I was walking across the parking lot and he yelled at me and he knew my name, which you know as a third-year medical student you're like, he remembers who I am, that's kind of weird. So, I remember that really, really well. It's, some people that are, like Ron Saizow, who is still here and now a really good friend of mine, I think was a chief resident then, and he had just come on the faculty, and was, he was an influence then and has become an influence for me throughout my career thinking of him.

I remember some of the faculty, one of the ones, one person I remember is, faculty I remember whose name is Jack Nettles, who was OB. And, although at the time, I remember him so well, he was such, he was just so nice, and you know, OB faculty weren't necessarily really nice to students, but he was always really nice and let us do stuff, but I remember one of the things that was so different in thinking about OB was, compared to what it is now, is there were no faculty, at night there were no faculty in the hospital. So, we as students were delivering babies and doing all kinds of things that we, you know, I loved, that was one of the most fun rotations I had because I was delivering babies. I thought about doing OB because of that part, OB/GYN, but I just, when I got into the GYN surgery, I just, I wasn't, geometrically I couldn't figure out where everything was, so I knew that was not my thing.

Thinking in surgery, so the surgery faculty were kind of a tough group I thought, as I recall. Frank Clingan was the chair of surgery at the time, and I just remember him, assisting in surgery, and he would ask the most bizarre questions of things. Like I can remember him, I remember this one thing. We were in surgery and he says, "Back in World War II the Germans had—" I think it was Warsaw surrounded, actually the Russians had is surrounded, and it was something about how the Germans, the Russians told all the Polish people that they had won and all the Polish people came out of there—he asked us what had happened, and we were like we don't—the Russians told the Polish people they won and the Polish people came out from underground and then they got in a fight with the Germans and the Russians were just sitting kind of watching as they beat up on each other until they took over the city, I don't know, he would ask those crazy, crazy questions.

And the other faculty I remember who was a nice person, and was a great teacher was a faculty member named Tip Jennings. He's actually still around. He, he's retired from the surgery department, but he still is still around. He's kind of one of those influential people that you realize that some surgeons can be nice people, as a student, I have great friends now who are surgeons, but that was, that was a really, that was a good group of faculty. The, in the pediatrics department Bob Block was one of the people I remember, good, nice person. I remember when I was a student, I remember this so well, I was at St. Francis, walking down the hall, and it was a little kid who had a kidney tumor that we were taking care of and I remember walking down the hall and him saying, yelling out, "Dr. Weisz!" I was a third-year medical student, but I remember that, he needed some help, that struck me at the time as, you know, that was really the first time anyone ever called me a doctor, even though I wasn't at the time.

Those, so and then for students, some of the students that I remember really well was, were Rocky Morgan and his wife Chris. Rocky and I were good friends. And he's actually still in town, I see him, he's a general surgeon here in Tulsa. Chris is a pediatrician. One of my other friends here is a guy named Brent Tipton. And Brent was actually a pharmacist, too. And when we were in Oklahoma City we both got, we both worked, we were able to work because we had a little bit of time. And he found this really great job when we were there working at what was then the University Hospital. And I remember it really well because it—we both actually had been working at South Community Hospital, which it's Integris South or something like that now, and that was the hardest job I ever had, working at that pharmacy. We were in the pharmacy in there. But he got this job in, for some reason they got money at the University Hospital and they hired people, and we were going over there making, at the time, this was in the, this was mid-1980s, we were making \$25 an hour, which was big money then. And we didn't do anything. I mean, it was the easiest job I've ever had. We would just go in—I don't know why they hired us, honestly, it was the easiest do-nothing job I've ever had. We would go over there and work in the evenings and afternoons because it was right across from the modules, and so we would just go over there. So Brent and I were, and then Brent came to Tulsa.

Brent actually gave me some really bad advice. When we were in Oklahoma City we were doing our schedules, third year medical student schedules, and we were talking about what to do, and one of our options was neurology as a rotation. And he said, "If you do neurology, you're going to have to do it with this guy named Blumenthal. And he is mean. And he's tough." So I said, "Well, I don't want to go with someone who's mean." So I didn't do it. Well, I didn't do neurology. I did other things that year. And so when I just started faculty here I was, Dr. Duffy said, you know, if you're going to be a general internist you've got to have an area of research and interest. And so I thought about a few things, and I thought what would be, what would I like to do, and so just talked to different people, and I had actually gotten to know Dr. Blumenthal as a resident. And so I went out to him, and he had an interest in migraine and headaches, and so I went out to him and I talked to him, and so we started kind of collaborating on some stuff. And



the interesting thing is that became my area of interest and expertise, and I became the headache doctor. That was my career, that was my research career and the things that I did in as one of my primary practices was taking care of patients with migraine and other headache disorders. So here's this guy I was told to avoid and now we were, you know, extremely good friends, play golf together. Actually I went out to breakfast with him like a week ago. That was, Brent gave me a lot of good advice, but that was some bad advice that he gave me.

And the other person who was another student was Sandra Wong. And Sandra was, when I was in Oklahoma City, she lived on the way to the school and she didn't have a car, so I would drive her, sometimes I'd just pick her up and I'd just drive her to school or home. Interestingly, she went to pediatrics, and she's now the pediatrician for my grandkids here in Tulsa. And she's a fabulous pediatrician. Those are some students and faculty that I can think of offhand.

THOMPSON: What made you pick internal medicine then out of your third and fourth year, coming into the residency program in Tulsa? What made you go into internal medicine?

WEISZ: So, when I went to medical school I was pretty sure that I wanted to do primary care. I tried to like other specialties. I really tried to like anesthesia because I thought that would be a really great job. You know, your hours are limited, you make pretty good money. And I just hated it. I hated it. I hated it no matter what. And then, I went, I tried ER, I was thinking about that. The thing about ER I didn't like was I didn't ever know what happened, and there was no, with the patients, they came and they went. And a lot of people like that because they—. So, I kind of got, so through that I knew that I wasn't going to be a surgeon. I mean I didn't have the manual dexterity and the—to do that. I knew that wasn't going to be it. So, I really got down to either internal medicine or family medicine. Those were kind of my two deciding points. So I had a couple of things that happened. So I was, I interviewed in both when I was interviewing for residency, and thought about you know, either one. There were probably a couple things that drove me into internal medicine. One was I decided that I didn't think I would be a very—delivering babies was not something I really wanted to do, even though I loved it, but I thought, you know, that if I'm going to be delivering babies I want to be the expert on doing it. That was one thing with that. And the other thing that happened was, so I was doing a rotation at the VA in Muskogee and we were taking care of some really, really sick patients in the ICU and inevitably some die, it happens. And I thought, you know, again, if I'm going to be taking care of these really sick patients, I really want to feel like I'm an expert on doing it. So those were, that was my driving force into going into internal medicine—it was literally down to the wire on making a decision. And so that's, although I ranked on my rank list I did rank family medicine, I put internal medicine first, so. That's, was lucky for me, this turned out to be the perfect career for me.

THOMPSON: Then your residency here? You want to talk about any of that?

WEISZ: Sure.

THOMPSON: Go right ahead.

WEISZ: Life has changed with residency now. I mean, everybody, it's always the, you know, when I was, you know, when I was growing up had to walk up hill both ways to school, but so the hours were crazy. It was not uncommon to go to work at six in the morning and get home at 6:00pm the next day after having had no sleep the night—overnight. And then, then you had to get up, you get home at 6 and go to bed, and then get up the next morning and go back and kind of do it again. I mean, it was, and then, at that time, we were allowed—there were no hour restrictions, so in addition to doing those jobs we'd moonlight. And so we were working, we'd find these easy moonlighting jobs where you were just kind of not doing very much. There were people who were working—there were times when I would work 15, I'd work 15 nights, overnights, in a month. Not uncommonly. That was one thing that was different now. And I did not think that was good. The work hour rules they have now are right on—spot on. I think they're—I missed a lot of stuff just simply because I was too tired.

The other thing that was way different is faculty supervision. We were, it was not uncommon as a resident for me to go and we, at one of the hospitals we had something, it was at St. Francis, and the, our faculty member was a guy named Dick Marshall. And Dick Marshall, he would have, he'd hold, he'd basically hold court every day, seven days a week, he never took a day—he rarely took a day off. I can barely ever remember him not being there. And we would meet and we would round on our patients in the morning and around 9 or 10 o'clock we would meet him in a classroom. All the residents, all the students. And we would present our patients and he would, he'd ask us about things and we'd tell stories and history, and we would go—and those rounds would go from, 'til like noon or something at least. Then he would round with us on the new patients that got admitted, and usually, I mean by then we'd talked about them, and he'd pretty much just go in, if there was something he wanted to see he'd look or examine or he would do it, but for the most part we just kind of walked around together and then we went out after that. And that was usually the last time that he had any direct contact with the patients or with us with that patient. So we as, especially when I was a second- and third-year resident, that, we were completely independent. I could go talk to him and ask him a question, but now the attendings are very involved. They're rounding on every patient every day, they're seeing them with the residents. And that was, and all experiences were pretty much like that. At the VA in Muskogee, we'd drive down there and when I was a third year resident I had an attending I think I saw him in a month twice, maybe, ever. That was it. Everything was—and we were taking care of sick ICU patients and it was, so it was a lot different. And even in ambulatory clinic, even though we had, the attendings were there, for the most part, we were somewhat supervised I guess is what I'd say. It was, so that was, that was a big change then compared to what it is now. I will say that I got very confident pretty quickly in doing stuff. I don't know that I was very

competent, but I was confident in what, that I could do stuff. It's kind of interesting, as I've now, you know, become a faculty member, over the years have learned, I've learned all the stuff that I learned wrong and I had to re-teach it or re-learn it differently because, of course, we didn't have, you know, we didn't have internet access because there was no internet, so we were pretty much just stuck on finding a book or a journal or something trying to figure things out, but, at that time. So it's, that was kind of a different thing. We definitely were an independent group of all of our residents.

THOMPSON: I'll ask you because you're talking about that difference, and it is a difference from you know, probably the forties through the forties into the sixties, then on into the seventies and eighties as you practiced, you've kind of made some innuendos, but you're now in charge of residents, do you think the training is better now or do you think there were things about your training that were better than what you see now? Or do you think it's truly improved so that when residents graduate they're better able to practice medicine on that graduation day from residency?

WEISZ: That's a really good question. So, a lot of things, other things have changed. So, I want to answer this kind of in a roundabout way.

THOMPSON: That is fine, sir.

WEISZ: So, in the late eighties and through the nineties, especially, the big change in medicine is we went from not having any idea of knowing of whether we were doing made any difference, and we didn't have a lot of the medical tools that we have now. So, one of the things is that we now have, it makes a difference what you choose. That's, so we're, and I've seen that whole thing, that big change during that time, with all of the drugs and all of the procedures that we can do. And the, in the VA I remember really clearly this cardiologist when I was on-call coming down to me and saying we have this brand new drug called streptokinase, it's one of the clot-busters, and we're doing a clinical trial on it. At the time what we did, if you came in with a heart attack, you, we diagnosed you and put you in the hospital, and you know, gave you some drugs which probably, some were the right drugs, some were the wrong drugs we know now, and we just watched and nothing happened. If you were in a larger hospital, you might get a cardiac catheterization. They were just starting to do balloons then, which didn't work very good because they didn't have an stents. And so they would balloon them open and then they'd close, so those kind of things going on then, and so I was able to see all those changes. So we've got those now. So I don't know that—to some extent we were diagnosing stuff, but we didn't have the tools to treat it, so that is a big difference now we have that.

I do think that having faculty around to give guidance is good. I will—one thing that worries me is that we're a little, when the faculty is there the residents can tend to look at you to know and to

ask and to know it and to tell you what to do, so we have to be really careful to let them fly, especially as they get more experience. And if we're physically there, you have to be very purposeful in not doing that. And so we do, so we've actually, in our program, have done some things that we've had our attendings for instance, tell the upper level residents that they're going to run the rounds, so when they're in the hospital, for instance, they might, they're going to be at the bedside with a patient and instead of the attending being there kind of, as the king of this or the queen of this, the resident has to do it and the attending kind of stands back, but you have to be very purposefully doing that because the residents will be glad to let you do all the work for them and come up with all the decisions. And I understand that, I'd do the same thing. But the thing I, I think they're well prepared. One of our residents came back last week, and he and his wife were both our residents, they're in Springfield now, and they were talking about their first year and how hard it was, how different it was to not have the attending there to have to check out to. Although I remember when I was a really early attending, and I remember either feeling, I remember how free it was to not have an attending there because even though they weren't there that much, I still felt like they were there, so it was really freedom. But I also remember, for me, in the hospital as an attending worrying about these patients and feeling like I needed to get an internal medicine consult even though I was in internal medicine because I didn't know what was going on. So, I think probably the net benefit is there. I think we just have to be careful, especially in our latter, the latter years to say to them, "You know, you're going to be my equal in a year." We have to start thinking about that now because it, even though they won't, they won't call me by my first name no matter what, even after they're done. I think probably the net benefit is there, with some caveats.

THOMPSON: Very good. Let's—both either, during your third and fourth year, residency, or your early years as a faculty member, any administrators that stood out in your mind? You've talked about faculty, if there are faculty don't hesitate to mention those as well, but were there administrators that you encountered that you remember from the College and the University?

WEISZ: Yeah, I can tell you one when I was a program director was Leeland Alexander. And so when I was a program director, Leeland was the chief financial officer for the campus. I was not really involved in much in the financial pieces, but a little bit, so I would, for me as a program director, I was trying to grow, I was trying to make the program bigger, and I was or, I was trying to make the program bigger, or occasionally I'd be filled up, all my positions were filled and somebody would walk in my door looking for a residency program—they were at another program, they were moving to Tulsa, their spouse had gotten something, whatever—and I would go to Leeland and say, you know, kind of sheepishly, "Leeland, is there any way we could get any more money for another resident?" I mean there was a never a time he said no, never, ever, ever. And I asked him a lot. And that was, that was, he was a real—that would be an administrator that I could think of that definitely stands out, or stood out to me. Other than that we had our, you know, Bob Wortmann, who was the chairman after Dan Duffy. And Dan, by the

way, is just, you know, he's been my mentor for my whole career. Bob was a person that, he taught me a lot about how to administer departments and how to run programs and how to think right and how to do the right thing. And so he, he was a person that personally impacted me on multiple levels. So that would be somebody else. I'll have to think about who else was here. I'm trying to think of who the deans were.

THOMPSON: You would have been exposed to Dr. Tomsovic.

WEISZ: Dr. Tomsovic, yes, yeah. He was a jewel. He was such a nice guy. He actually did something which was really interesting, when there was a program, or there was a center in Sand Springs called HSSM. So, HSSM was this institution for kids and young adults who had really severe disabilities. And it got closed. And there was a lawsuit and they closed it and decided to move these kids into residential places, well, of course, they had medical problems, and so he got me and some other faculty to start a clinic over, it's actually close to here, to take care of those kids. And so I took care of kids with cerebral palsy, with who'd had all kinds of birth defects and disabilities, I mean, really, very, very tough kids. And that was what he did, you know, he's a pediatrician, but they weren't kids, these were, you know, twenty year olds. I took care of them for, actually for a long time. I don't have them in my practice anymore, but that was a big thing that he did. I'm trying to remember who the other deans were. I'll think about it in a second, trying to remember who they were.

THOMPSON: That sounds good. That sounds good. You mentioned your research. Is there anything you want to talk about in your research over your faculty career?

WEISZ: Well, most of the stuff I did was with migraines and headaches. Harvey and I did, Harvey Blumenthal and I did a lot of work looking at patients who were seen in different settings, like emergency rooms, and who came in with headaches, and so what we did was we looked at what the diagnoses were and then we went back and looked at what the symptoms were and kind of tried to match up were the diagnoses correct because—and so what we found when we did that, we actually found some interesting stuff. One was the vast majority of the patients who came in to the ER had migraine, but were misdiagnosed with tension headache, or sinus headache, or something like that, and so that was one thing we found. And what we did was we then, and they were treated with non-migraine therapies, and so if you looked at the notes in the ER doctors, the notes said, you know, patient was fine and was going to go home. Then we called the patients and checked on them and what we found was they went home and their headache came back pretty quickly because they were not treated for what they had. “So what'd you do?” “Oh, I just toughed it out because I wasn't going to go back to the ER again and sit in the ER for three hours or six hours and get treated.” So, that was one of the things, we actually got a lot of publicity on that in the headache literature. And it's actually continued to be quoted, you know, looking at those kind of patients. That was kind of the stuff that we did.

We did a few things, we did a trial on, there was a drug that had been on the market for a really long time called DHE, dihydroergotamine, for treatment of, and it had been, and we started, so we did this research and we got it, wrote it up, and actually got it accepted for publication for use of this drug as an outpatient, this mostly had been used as an inpatient drug, so we figured out a way to give it by just a shot under the skin for people to treat headaches. We got it published, we thought boy, we got it, this is great for us. Like one week after our publication came out, a brand new drug called sumatriptan, or Imitrex came out from the drug company, that was a cleaner drug than what our great research showed, so our great idea of our great therapy went, it never went anywhere simply because something better came out. It was literally, it was like we published it and there's came out like the next week. Great.

THOMPSON: Very good. Another topic I'd like to explore with you a little bit, really more my curiosity than anything else, I've probably only known about a handful of pharmacy students that have gone over into medical school. Was that a, was pharmacy a benefit to you when you went to medical school? And you've already mentioned that you had another friend who did that, and so do you know a lot of pharmacists that have crossed over to the medical side?

WEISZ: I do know some. We actually have one of our current faculty, Oliver Cerqueira, who was a pharmacist and so we kind of talk about how things were. I would say it was, for me, I think it's the perfect degree to go to medical school. Especially if you've worked a little bit. If you just went through pharmacy school you'll know some of the stuff, but if you work a little bit it really helps. It helped me when I was a, when I was a second-year student I tested out of pharmacology, which was really nice because that gave me that time to not have to, actually I had three kids I had to work, so it gave me some more time to work because I didn't have to take pharmacology. And it was really interesting when I was looking at the, I remember going to my classmates and looking to see what they were being taught and I was like, you know, that is a drug that used to be used, but I guarantee you'll never use that drug. At the time the teachers of pharmacology were pharmacologists, they weren't practitioners, and they were going on and teaching whatever they, teaching whatever it is, their research interest or whatever, but that helped me a lot doing that. The other thing I remember really well, I was a third-third year medical student and I was on my very first rotation at Hillcrest, and that's where I had been a pharmacist for seven years, and I really remember, I remember my senior resident first day, and he said, "There's something called total parenteral nutrition," which is IV feeding, and he said, "Do you know," he asked me, "Would you know how to write these orders?" I said, "I know how to write the orders. I can go downstairs and make it and bring it back upstairs for you because I've made it." I didn't really think about it until, you know, of course, it's helped me a lot in my career knowing stuff. And I've, you know, I was with a resident the other day, like last week, and we were talking about, we were talking to a patient about their medicines or something, and he was like, he was, he was kind of complimenting me on what I did, and he

didn't know I was a pharmacist, so I guess that, you know, thirty plus years later is sitting here going, you know, it still has an impact on what I do. A lot of drugs have changed, but, I would say it's made things a lot easier. I think I can, I know because I worked in a retail too, and just being able to see directions that people send on prescriptions and these patients are not going to have the slightest idea what you are talking about. So, that's helped me a lot to give feedback to people to know exactly what's going to happen. I will tell you this, I don't regret the change. It was, for me it was, not being a pharmacist, I mean, being a pharmacist is a fine job, but it is not, my current job is way better, I think.

THOMPSON: Another one, again, you've touched on it a little bit, but faculty that you've been involved in in the department of internal medicine. Are there people who stand out over, since your career is basically a Tulsa career, are there any faculty—you've mentioned a few—but are there others that you might mention?

WEISZ: Sure. So one faculty member, I'm thinking about them, was a guy named George Moore. George was an endocrinologist, and he was a really, really good endocrinologist, and he was really the go-to guy for really tough endocrinology cases in this—I can't say the whole state, but definitely this part of the state. And so I learned a lot of endocrinology from him. But he also was, he was really one of the first people that forced residents to get supervised here. It was beginning to come in then, but he's the one that I remember as the person who actually started doing some real teaching in our, on a regular basis, in our program. He was a really strong advocate in doing that.

I mean, other faculty that I've, I'll tell you another faculty, and he's currently one of our faculty, is a guy named Carl Hoskison. Carl was actually my intern when I was a senior resident, and what happened was he, when, well in 1988, about 1990 or so, ORU had a residency program over there at the City of Faith, and they closed. And so all of their residents needed to get positions, and so we took a bunch of them into our program. And they, Carl was one of them, and so he was my intern and he was, he finished residency and went into private practice at St. Francis and had his own individual practice and did it for a while. He was, so we were at St. Francis and he started doing a little bit of teaching for us. That time, Bob Wortmann, was our chairman, had a rule that he would not hire any faculty who had been residents here. I was here, I'd been here because I'd been hired, but that was one of his rules. He didn't want to inbreed the program. Carl was really, really, really good, we thought, and so our faculty went to Bob and said, I know it's your rule, but we got to try to hire him, which we did. So Carl is a star now. He's been, he's won multiple Aesculapian Awards from the students, he's been a Stanton Young award-winner, I mean, he teaches our board review, he attends at the hospital now, I mean, that guy is a—I'm just thinking of faculty over time. So he's someone I've known since he was, I was a third-year resident, he was an intern, watching and working with him, becoming a faculty, coming on here.

Other one I can think of who was, she was actually my senior resident when I was a medical student, third-year, and then when I became, you know what maybe she was my intern, but anyway, she was a resident and then when I was an intern, I think she was my first senior resident, was Martina Jelley. So Marty went to, after she went to residency, went to Denver and did an MPH, and she and David, who is her husband, who is an endocrinologist, pediatric endocrinologist, came back to Tulsa, and so she now, so she's had a giant influence because she now is back on faculty and is in charge of the research of our department. And just to get an idea of what she's done, we had a site visit from an accreditation site visitor two or three years ago and the site visitor, we have to give them all of our stuff, and one of the things we had to give then in our stuff was our list of current research in the department, and he looked at it, and he thought our department research, what we gave him, represented the entire University in Tulsa's research. That's how much there was. It was amazing. So, she's done a really, and she's kind of moved, she's moving into even some research pieces doing that. There are a couple faculty, I might think of a couple more in a minute.

THOMPSON: Okay, that's fine.

WEISZ: So, in talking about other deans, there was Dean Brooks, and he was a cardiologist. He gave me, he actually gave me a job, which I was completely incompetent doing. When I was, at the time they had, they wanted to make some changes in the clinics—in the ambulatory clinics, and they assigned me as the director of clinical quality or something like that. And so I found out like five minutes after I took the job that the clinics were in the red and they wanted to, you know, they were losing all this money, and I had never run a clinic before, I didn't know what I was doing, much less a clinic—. So, we decided our move was we would just put a buying freeze on everything, that was our—. So, initially, our books looked great. We didn't buy anything, so we had no expenses. We had personnel expenses. I think we did—some people did, they cut staff, but I learned really quickly that eventually you do have, the band aids have to be purchased, and the paper has to be purchased, and, you know, so that was kind of a false sense of finance. I learned a lot from him about, from, those were kind of some interesting just kind of financial tough times. And then Dan Plunket, who was, actually my attending when I was a medical student, he was a pediatric oncologist, who had a tremendous impact on me. I actually thought about going into pediatrics, and really I did like the inpatient oncology pediatrics, which is what he did. Turned out I just didn't like the outpatient dealing with the mothers part, that wasn't a job I could do. But then he was—he eventually became, was the dean here of the school. He was just a really, really nice person and would take on anything. He was a person that I could go and talk to and ask questions about, was always available, gave me good advice, just, you know, if you look up nice in the dictionary his picture would be there. Just a really nice guy.

And then Gerry Clancy. So Gerry came, so, actually Hal Brooks had been the dean, he was a cardiologist, and then all the sudden we get a psychiatrist as a dean, and I was like, I thought,



what, at the time I was like, how could that happen, but he was so masterful in meetings and he would either psychoanalyze people, or he would get them thinking he was psychoanalyzing, so he'd put them back and they were always, he was so clear in what he, where he was gonna go. And he would, just watching him going from a, coming in and becoming the dean and then the president of OU-Tulsa, watching that. He, for me personally, he had a really big impact. I had a really bad situation. We had a, I had a potential lawsuit of a case, and I never had had, ever, had had any kind of potential lawsuit, and, you know, I felt responsible for this, for what happened. And I just remember going to him and talking to him about it and him, you know, really, actually he called me because he heard about it, just the support at the time that he gave me, and just, it was, it was, something that I don't know that that would have been always, that that's always the case with every place. That somebody like he would have thought of—it was just a tough time for me and I remember him, so. Gerry was good guy with really, really good vision and, you know, we're still seeing the fruits of his labors here on campus, and actually in the city of Tulsa because he's the president of TU [University of Tulsa], although he still does teach at our medical school.

THOMPSON: One of the other things I'd kind of like to develop along the lines, you made the choice, I'm guessing probably because you were a Tulsa native, to come back here for your third and fourth year. But to talk a little bit about the differences having stayed in Oklahoma City and coming to Tulsa. And then I'd like to take that on down the road all the way to developing a four-year stint up here. So, from your own personal experience, that decision, we'll extract the fact the fact that you were a Tulsa native, which makes you want to come back to Tulsa, but the difference between staying in Oklahoma City and coming here, the experience you got here, and then moving that experience toward what is now the Community Medical School here on this campus.

WEISZ: So I liked Oklahoma City a lot. I thought it, you know, the, it's a great school. My wife hated it. So that, and really that was our decision when we, as part of the deal, was we would come back to Tulsa for my third and fourth year, so that was set, as long as I was accepted, that we were going to do that. So we, and we, actually, we still owned our home, which actually is right over there across the street from this campus now. So we owned the home so we moved back there. And her family lived in Tulsa then. My family, for the most part, lived in Tulsa. That was kind of a, family has always been a big piece of it, so that kind of has kept us here. So the difference, so, you know, I think one thing is, I know, I obviously knew everybody in my class really, really well. You know, in Oklahoma City when you've got 150 or 160 students, you know, you still see people but they're not, you don't know them all as well as you do, so that was a big piece of it because you get to know, I got to know everybody in my class, and still know a lot of them, some of them still are around here. So that was probably one of the biggest things, you really do know everybody, you know the faculty, you know the staff.

So the growth, we had the, at the time we had our third and fourth medical students here, the residency programs were here, we were located over on the Sheridan campus, and then when they bought the Schusterman Campus, that was about 2006 [ed. note: 2000], we all moved over here and that was one of my interim stints when we moved over here, so I at least got to choose, you know, I looked over here and found some spots. It was interesting because this campus, we literally lived like one house off the campus. My kids learned how to ride their bikes here on this campus. I used to come over here and practice my golf on the campus when it was, when Amoco owned it. So, anyway, I saw that. Saw the desire to develop the four year medical school here. So one of the things that happened with that, and this would have been about 2009 or 2010, so that's when, but that's when this began to percolate. And so somewhere, I can't remember exactly when, but somewhere between 2010, 2014, probably 2012, or something like that, there was a move to, at that time, to make it a true, free-standing four-year medical school. That was the plan in some people's minds. So, I didn't know, so I was asked to be part of that planning group, and so part of that was going to be to develop a curriculum, a different curriculum, because this was going to be a different medical school. And so they convened a committee and looked at some different curricula around the country and they liked one that was in El Paso, Texas Tech El Paso. That was the curriculum that they liked, and it was based on what they call clinical presentation, so you would, if you were going to talk about lungs, one of the things that you would, the clinical presentation would be pneumonia. And so instead of starting out with the lung pathophysiology and the anatomy of the lung and all that stuff, you started off with pneumonia and you explain all the stuff about pneumonia, then we get to antibiotics and everything else. So they convened a meeting here, about a week meeting, and we the people from El Paso, Tulsa, and I think, I don't know—it was either Central Michigan or someplace up in Michigan, I can't remember where it was. It was a new medical school up there, and they were fairly well down the road on developing this curriculum. We had not done any of it. And they came and we developed, the idea was for us to develop one module, or two modules, something like that. So we met here and we started developing these modules and I really, I was like, you know, this sounds good, but I, I mean, we don't have the people, I didn't think, to be able to do this. I mean, this was with the collaboration with TU, but TU didn't really have any faculty that I could see, or enough faculty, who could do this and who had the—. It's way different teaching undergraduate, or even graduate level, you know, biology courses, and teaching at a medical school, way different. And I was like, I was like how, I don't—. And this was like one little piece. But it was down the track. They were going to do it. So, a couple things happened, I got put on the committee, since I had done this, I got assigned to the group that was going to go to Oklahoma City, and I don't remember which committee it was, and decide whether we were going to do this. It was a vote. A faculty committee was going to go down there and vote, and so I was a voting member, but we were way outnumbered. Tulsa, Oklahoma City. Well, at this time, so this would have been about 2014 or '13 at the time. Chris Candler in Oklahoma City had developed a new curriculum. They called it the 2010 curriculum, they re-did the entire curriculum. And the measure was going to be medical student scores on tests, the USMLE

licensure exam. And so, normally when new curriculum are put together the scores initially go down. So I was like—. So the first course came out and they didn't go down, they went up a lot. A whole bunch. At the time I thought, you know, thank god because if it had failed then we were going to be down this pathway of this other curriculum. There are people here now who are still mad that we didn't do that Texas Tech curriculum. They think we should have done it, but I think it would have been a bad idea. And so, we went to Oklahoma City and we got voted down. They weren't going to do it. Even though I had to vote for it because that was assignment to vote for it, I was thinking I'm really glad this failed. Because it would have been, in my opinion, it would have been a disaster. I think it would have never worked. I think the curriculum, the setup we have now, so then, so then, once that vote happened that we going to not do the curriculum, but the decision was we were going to have four-year medical students, then that's really when things got going here I think.

That's when I got, that's when I got involved in the first and the second-year curriculum and so now we have, so now we have, the third-year medical students were the first group that are in the four year program. They're just now finishing the third year, so they'll be graduating next year. 2019 will be our first group that have graduated, that have been here four years. A really great class. And it's kind of what you'd expect. I mean they were going to be the adventurous ones who would be willing to try to something new. A fabulous group. The nice thing about it is we are able to do things here in addition to what the Oklahoma City students are doing, and it's really, it's very easy to do. We have to stay within the accreditation rules as far as objectives and tests and things like that, but we get to do, so what we get to do is what they're doing in Oklahoma City plus things. It's easy to do. I work really closely with the folks in Oklahoma City, especially at the Simulation Center. So for them, to make a change in Oklahoma City, now is, that involves simulation is a huge deal because they've got, you know, 140-ish students or so there. We have, you know, 25, 26. And so for us I can just say we'll do it. It's no big deal, we'll do, we'll figure out how to do it. They have to, understandably we have to coordinate. We have a great working relationship. It's fabulous. But we, our students, we're able to do things differently here. I certainly know them all. But we can, we do, this is, we can do pilots here. That's the nice the thing here. We can just say we're going to try something here, do it as a pilot, and it's easy to do. I think that's one of the, the smallness of the program is nice. They have a voice in things here.

We had a situation that happened recently where they were going to change the logo—I don't know if you heard about this—but they were going to change the logo of the College of Medicine in Tulsa. So this has been the logo, OU-TU College of Medicine, and people didn't like it for some reason. So somebody, they designed a new logo and it just basically came out as this is the new logo. It kind of looks like a Pepsi top, you know, Pepsi? The red and blue. Pepsi. Kind of looks like that. A lot of people didn't care one way or another, but a lot of people, especially the students hated it. And they sent a note to the dean that said we hate it. And the

dean said, “Okay. We’re going to get a group together and see what we’re going to do about it.” This had already gone out. It was already, people had put it on letterhead, it was on all the email and everything else, and you know, business cards had been printed. And so students stood up and said we don’t like it and the dean listened. And tomorrow the new logo is going to be officially announced and it is, I think, and the students, and the dean gave the students the choice. They came up with three possibilities. I was on this little committee for—with the students, I was the faculty rep, and my job really was, they wanted me to give history, I was like, whatever, but. So, but, once it got done it went back to the students and the students voted. I mean one the of the kind of unique things here is we have medical students and PA, physician assistant, students working together side by side. And so this was a committee of medical students and PA students because the PA students are actually officially in the College of Medicine—not the College of Medicine but under the School of Community Medicine. And the, so they voted on it as a group, and sent their recommendation to the dean, and he accepted it. So that’s a, that probably is a statement about the dean, but I think it’s also a statement to we have active students. It was interesting talking to them because I think they were surprised that they were listened to. You know, they’re students, students feel that way sometimes. So, that was a, I guess, I think that’s a mirror of what happens here.

You know, speaking of the PA students, one thing that’s really interesting is, probably, how many years ago this was, 8 years ago, in that range 8 to 10 years ago, the PA program was started here. As part of that we put, we had PA students on the inpatient teaching services, side-by-side with the medical students, PA students and medical students. And initially the medical students were not happy because they were like what’s the deal, we’re the students here, they’re going to be, these PA students, they didn’t like it at all. So, but we persevered, we said we thought it was the right thing to do. So we kept them on there on the inpatient services. Two or three years ago because of some changes in the structural pieces we thought we were going to have to take the PA students off of those inpatient services because we wanted to make sure we had enough spots for the medical students. And when we announced that we might be doing that, the medical students were up in arms that the PA students would be taken away from them. They loved having them with them. It gives them, it’s interesting how they work together. They kind of, they’re a little bit off cycle, so like when the new medical students start, the PA students—the older PA students are there, and so they orient them to how things, so in July the PA students will be there, but they’ll be actually completing PA school in December, so they’ll be almost done, and the third-year medical students will be very green, so they kind of show them the ropes. They’ve really, and now they’ve got it so if you go up to the modules where the students are now, they cohabitate, they’re together up there in that area, in that room. They work together, so that’s way different than Oklahoma City because they, as far as I, they may have PA students, they do have PA students, I don’t think they work very much with the medical students. That’s kind of a difference. You know, they work with the nursing students. We do a lot of collaboration with them.

We have a deal that we that we do with the third-year medical students, and one of the things that they do, which is quite different than almost any medical school is the Bedlam Clinic. The Bedlam Clinic, you know, where the students have their own panel of patients and they care for them. The students are there about every other week for an afternoon and as part of that we have a thing that where we have the medical students and the PA students one Friday a month, and we call it Student Academy, and we teach them skills that they need in caring for their patients in the Bedlam Clinic. So we start off, like in July we'll do one on how to take care of diabetes or how to take care of high blood pressure, and the, so the interesting thing about that is, we put them, they do like team work and the tables are split between PA and medical students every time so they actually work together as teams in that, and then we do things with the College of Nursing, and social work, a lot of work with social work with the students.

THOMPSON: I have to ask a question. Just my personal knowledge. Do the faculty on this campus use PAs?

WEISZ: Yeah.

THOMPSON: Do they have PAs on their—

WEISZ: Yeah, yeah.

THOMPSON: So you actually utilize them and—

WEISZ: You bet. Oh, yeah. Yeah. We, in my practice we have a PA who, she, we were looking for somebody to see some of our patients, and she walked into my door. I was the chairman then. And she walked in and said she was a PA, her, she actually had been working at Harlem, in New York, as a PA, and she, her father, who was actually an ER doctor at St. Francis, had died, and so she was moving back to Tulsa to kind of help out her mom and was looking for a job. My gosh. What a star. She is unbelievable. Because she can take care of really, really complicated patients and does a really good job, but is always willing to ask for help. She does, she now does a bunch of stuff with our geriatric patients, so you know, we like to use PAs and nurse practitioners, too.

THOMPSON: Another place I'd like to take you, just because that was home for me and you spent some time there and you said you enjoyed it, simulation lab. Who were the faculty down there that impressed you? You said that you were very impressed and that you brought back a lot of great ideas. Who were the people down there that?

WEISZ: Well, you know, the star there was Rhonda Sparks. Rhonda was, and that was, she was the developer of the center, really, I think. Sheila Crow was involved in it too, and Sheila came here, and I worked a lot with Sheila when she moved to Tulsa. And so Sheila was major involved

in it as well, but Rhonda was the, she's the one that really taught me how to do simulation and how to develop it and how to make the standards what they needed to be, and she was a, I mean, just such a great leader for the development of that. And forced the, forced things to be done right, so the students got the consistent evaluation. So she was there. You know, the, there were a bunch of staff that were really good. Michelle Wallace and Kim Jackson, Tootoo Cirlot. Tootoo was—just really nice people. And many, Kim is still there in Oklahoma City. Those are the people at least I worked mostly with, kind of watching them. They're the ones that really formed my skills working in that center. Now, Steve Blevins, who's in the office of medical education down there, and Dale Bratzler are kind of taking over the things Rhonda, or just expanding, cause now we're expanding into new things. We're doing a lot of stuff with ultrasound, for instance, simulation with ultrasound and looking at some of the higher tech surgical technology. We've been focused, here especially, on our simulation has been with using standardized patients and teaching communication skills, physical exam skills, things like that. Now we're moving into a little bit higher tech areas of simulation. We have, you know, we have robots and things like that that do our simulation, but we're looking into other things, like laparoscopic surgery and those kind of things. And the students get, the students really like it because even though they don't do laparoscopic surgery themselves, things like that, they like to learn some of those skills. So what we've done now, we've wanted to do ultrasound for medical students for years, and so we finally got, we got a grant to help pay for some equipment, and I got Lori Whelan, who's an ER faculty here, and Jabraan Pasha, who's internal medicine faculty here, both are skilled in ultrasound. So they brought, we actually started a curriculum here last year in ultrasound for the medical students on a volunteer basis, and Dale Bratzler in Oklahoma City, who's now the director of the sim center there thought it was really important, so they've done the same thing in Oklahoma City, so now it's actually an official part of the curriculum starting with the first-years this year. So it will be first-year, second-year, and it will just go on each year for that particular technology, which we kind of think that's probably the way of the future.

THOMPSON: One other area that I'd like to do is, are there any of the community faculty that you would like to mention, from either your early days or currently as chairman of internal medicine, that you think have been very supportive of the University and the College of Medicine in itself? I'm not asking you to be totally inclusive, just to mention some.

WEISZ: Yeah, as I think about, so, back in my early part of my career, one, I can think of several, but one, a couple that stick out, John Alexander, at St. John, he was the chief of staff or vice president of the hospital and he was, he was just was so supportive of OU and always, you know, supportive of us at St. John and in the community and through the other hospitals, and someone I could go to for help and advice. Another, who's at St. John, was Bob Lubin, Bob was a general internist at St. John. He was the consummate internist. He really, he was, he rounded on his patient twice a day in the hospital, he had a group, in his group, he forced them, they had a requirement in their group every day that they had to have lunch together and talk about their

patients and talk about the evidence and the treatments and whatever that they were doing. They did that I think every day. And that was, it was just, he brought academics into his practice, and he was a strong, tough, guy. Really just a tremendous, tremendous leader.

Another is Steve Landgarten, who was at Hillcrest. I worked with him over long, long, long times and he was an attending, my attending, he was my partner with me working with the education at Hillcrest, developing things, supporting us, he would always, just a really strong supporter of medical education. I remember one time with Steve, I was at Hillcrest and at that time because the dean at the time had made some decision that we were going to, at that time we were in all three, our department was all three Tulsa hospitals, Hillcrest, St. Francis, and St. John, and I was, obviously I'd worked at Hillcrest, so I knew for a long time, so I kind of had an allegiance to the hospital, so I was working with Steve and we were planning on how they would be one of the two hospitals chosen because I had been led to believe that Hillcrest would be one of the two hospitals chosen for our department, that we would be in two hospitals, but one of them would be Hillcrest, and then dean came to me said, "Guess what? Hillcrest is not going to be the hospital." And I had to go tell Steve. And, you know, I told him and he just was so supportive and he was like, "You know, you've got to do the right thing for medical education. If this is what it is, then this is what it is." And I, to this day, don't think he has any hard feelings about it, at all. It's really, he could have after that. That'd be somebody else I can think of being a real pillar in our community of medical education, I think.

THOMPSON: Any other comments that you want to make in general that you think, for posterity, that people should know?

WEISZ: Well, I will say this. I've seen the program here go from being, from when I would tell people that I worked for OU, they would say, "That really is a long drive to get to Norman from Tulsa." So that's a difference, I mean, they now know we're here. I think that's a, there still are a few people that think maybe I drive to Oklahoma City, but I think the, I see the growth here. It's been so nice. We have such a nice, the campus is so nice. President Boren was so supportive of this campus, and forced some things, I mean, we have all this green area around here, that's not by accident. We have this really nice campus, nice buildings, good support, great faculty. You know, I'd say for my department, actually for all the departments, it's probably the best I've ever seen. The chairmen here are the best. I've been here a long time, three decades, and the group of chairmen in the College of Medicine are, every one of them are great, and it's the best group by far, by far, by far, by far. We have really good leadership. We have a great dean. There's a strong vision. Really good, high values. John Schumann, our president, you know, I hired him. So, it's kind of interesting because he's in my department, so I actually have to do his evaluation. It's really, really pretty funny, but he's got some, he's got some really interesting skills. He does, I don't know if you've heard his Medical Monday show. Have you ever heard it?

THOMPSON: No.

WEISZ: You should listen to it. It's on PBS—NPR. It is unbelievable. The first time I listened to it I thought, this guy, is he in Washington or New York or Philadelphia or San Francisco? It's so good. It was here, a studio over at TU. It's really good. It's fabulous. It's online, you can listen to it. He interviews people who are either local, national, people who write books and things like that. That's nice to have that kind of leadership. That's all I have.

THOMPSON: And you may not want to answer this question, but there have been a couple of the people we have interviewed, and you're now in that select group. Are there any comments you'd make about the relationship between Tulsa and Oklahoma City?

WEISZ: Sure, I'd be glad to.

THOMPSON: Because I think you're in an ideal situation to do that.

WEISZ: Yeah, right. So, I will tell you, there have been, you know, over time there's, you know, there's been a question of, you know, what do to the people in Oklahoma City think about Tulsa? Are we second fiddle? Et cetera, et cetera, et cetera. So, when I started working, I guess five or six years ago, driving down to Oklahoma City, getting to know the faculty, getting to work with them, seeing, you know, their passion of education, and their support. There is no lack of support. We offer them resources that they are looking for. I mean, I do, they're looking for clinicians to help teach some of the courses down there, so I do, I collaborate with Molly Hill, she's one of the faculty in Oklahoma City, really great leaders, who's a Stanton Young award-winner, just won that, and I'm lucky enough to work with her, and you know. The faculty there, I think they're extremely supportive. I think it's a very, very, very good relationship. I think, what I see in the next ten years, I think we're going to see more, I think we'll see more collaboration. The incoming president for OU, Gallogly, is, you know, he came from, undergraduate in Colorado, in a program—in a university not dissimilar to Tulsa, OU in Tulsa. I think he sees the value of that. I think OU Medicine, which is going to start growing, that will become more of a stateside brand. I think it's going to grow here. I think that's going to make a big difference. At least my experience has been very supportive. Part of it I think is if you don't know each other very well there may be some issues, but I now know, I go down to the banquets and things in Oklahoma City, where as before I would go down there and I'd know only people from Tulsa, that was it, now I know everybody in the room, so it's, at least from my experience it's been good. I think it's a really good relationship.

THOMPSON: Excellent. Any other comments that you want to make?

WEISZ: I don't think so.



THOMPSON: Well, we appreciate it.

WEISZ: You're welcome. It was fun.

THOMPSON: Your vision is different from almost anybody else we've interviewed, and I think adds to this oral history that's being put together about the College of Medicine, so we appreciate you.

WEISZ: Thank you.

THOMPSON: Taking your time because I know, obviously, you're extremely busy, so we appreciate you.

WEISZ: If Leeland asks me to do something, I will do it.

*End of interview.*