

Oral Memoirs

of

Ronald Saizow, MD

An Interview
Conducted by
Clinton M. Thomson
May 25, 2018

Development of the Tulsa Medical College:
An Oral History Project

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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.

Ronald Saizow 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 Assistant Dean for Academic Programs and Associate Dean for Graduate Medical Education & Designated Institutional Official.

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.

Ronald Saizow, MD
Oral History Memoir
Interview Number 1

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THOMPSON: Today is May 25, 2018. Would you like to introduce yourself?

SAIZOW: I'm Ron Saizow. I grew up here in Tulsa, attended college at Northwestern University outside of Chicago, returned to Oklahoma for medical school in 1976, where I spent my first two years in Oklahoma City, then moved to the Tulsa campus in 1978 as a third-year medical student. After graduation from medical school in 1980 I joined the internal medicine residency program here in Tulsa, which I completed in 1983, was a chief resident for the following year, and then joined the faculty here in Tulsa in 1984. What would you want to know from 1984 on?

THOMPSON: So, what were the jobs that you became involved in medicine going through the career—

SAIZOW: Okay,

THOMPSON: —since you've been here that whole time.

SAIZOW: Yeah. So, beginning in 1984 I focused for a few years on teaching residents in the inpatient setting as the chief of the internal medicine teaching service in Hillcrest Medical Center. Then I was asked to focus from the hospital to the ambulatory setting and spent about the next five or six years as medical director of the internal medicine clinic. That was around the time that the campus at 28th and Sheridan came into existence. So, I focused on ambulatory medicine for those years and then was missing the inpatient practice, so I spent the next ten or fifteen years really focused on teaching and supervision in the hospital setting at St. John's Medical Center. And during that period of time explored a lot of my interests in leadership, became active in hospital politics, administration and leadership, and enhanced my teaching skills, particularly around bedside teaching, small group instruction, and interdisciplinary teaching and practice. Where at St. John's I was, I guess, an early pioneer in embedding other disciplines into the teaching operations of the internal medicine residency, such as hospital social work and hospital pharmacy. And after a number of years I was asked to kind of turn my focus to medical student education, which was quite appealing. And I spent a number of years kind of

bridging the gap between inpatient residency instruction and medical student instruction. And then in 2002, with an eye that I'd had for many years of exploring leadership opportunities, particularly around medical education, I was recruited and helped develop a position on this campus of assistant dean in academic programs, with an initial focus on helping medical students prepare for the brand new licensure exam, Step 2 Clinical Skills from the USMLE [United States Medical Licensing Examination]. So, in 2002-ish I took on that position, started the Simulation Center here in Tulsa, and expanded my interest and influence in undergraduate medical education across both Tulsa and Oklahoma City campuses. In 2008, I was asked to shift roles, but expand my position in the dean's office, and became an associate dean with a focus squarely on the residency programs as designated institutional official. So, since 2008 that's been my main focus, overseeing the accreditation and quality of the all the campus's residency programs. And that brings us to today

THOMPSON: All right. Of the people we've interviewed, you are unique in some respects because you came here as a third- and fourth-year student and stayed here the whole time. Let's go back to those third and fourth year—did you make a conscious effort after you finished your first two years to come here because you'd lived in Tulsa? And what were those two years like for you here in Tulsa for your third- and fourth-year medical school years?

SAIZOW: Well, part of the reason for returning to Tulsa was because of my roots in the Tulsa-area, but I was particularly attracted by a couple of things at the Tulsa campus. One was it was brand new, so I was in the third class. I've always had something of a pioneer aspect of my personality and I was motivated at the opportunity to contribute meaningfully to something new, different, and hopefully better. So that as a real attraction. I saw in Tulsa a lot of flexibility, the absence of traditions, new traditions could be developed, and an openness from the faculty and leadership that I met to new ideas. So with, particularly with those things in mind, and then you add the benefit of having grown up in Tulsa, I was eager to try to make a difference along with my medical education. And the same was true in residency. I found myself with many opportunities to implement new, different, and creative ideas, an openness within the department of internal medicine to do things differently and that just really was a whole other part of my professional identity. I wanted to become someone who was unafraid to try things new and innovate and was always restless with the status quo. So, when I had my aha moment in the summer of 1983 that sub-specialty training in cardiology was a diversion from my true passions, which was combining the practice of medicine, the one-on-one relationship with a patient, with education, all in the same room, those were my, the focus of my passions, and once that became clear that summer then my professional aspirations shifted, and with all I said about the attractiveness of Tulsa it was no-brainer to stay in Tulsa as a member of the faculty.

THOMPSON: Very good. Any of your colleagues that you knew in that third- and fourth-year that stand out, or that you remember? Since you were here in those early days of people coming

here, are there any individuals that you either still stay in contact with, or that you knew, or that stand out in your mind in the third- and fourth-year when you were here?

SAIZOW: Well, I'd be remiss not to mention my wife, Mary Jo, who along with her friend Connie Trantham, were employees here on the Tulsa campus. Connie Trantham in the Student Affairs office and Mary Jo in Leeland's office in accounting. And they were interested in campus social events and getting people together in all the departments and all the programs, among the students and residents and staff. Likewise, I was a class officer throughout medical school and had a variety of different roles, one of which was social chair, you know, so we found ourselves working together on social projects all the time. My wife and I dated for a few months in the fourth year of medical school and then went our separate ways for a few years, only to get back together about seven years, six or seven years later, and after a long courtship, ended up married all these years. Connie also went her separate way, left town for a while, California, Massachusetts, ended up back in Tulsa, and I hired her on my staff in graduate medical education, and she ended up working for me for a number of years before she retired a couple years ago. So, how's that for some stand outs?

THOMPSON: Those are stand outs. Are there any of your colleagues in residency that you remember of that you've ended up working with or are physicians here in town now that are still practicing that might stand out in your mind?

SAIZOW: Sure, so, there are quite a few medical school and residency graduates that are still in the Tulsa-area, several of which are physicians of mine. I take a lot of pleasure when I have a medical need to call on a former student who's now an expert in their field. And that's always fun to go in the patient role and see if the lessons I taught stuck. So there's quite a few. And then a number of my colleagues, either student or resident, have similarly focused on leadership, and so our paths often cross at health system meetings or hospital meetings, those types of things, pretty much on a weekly basis.

THOMPSON: Going back to those early years, the third and fourth, and then your years in residency—let's start in internal medicine—faculty that stand out in your mind?

SAIZOW: Well, Dan Duffy, of course. So, Dan had just become department chair while I was a medical student and so I got to know him as a medical student and throughout my residency. He really became a lifelong mentor for both professional development as well as personal development. I was engaged in helping recruit Dan back to Tulsa after he had ten or fifteen years with the American Board of Internal Medicine in Philadelphia, along with Dr. Clancy, and subsequently Dan became dean, so with my role as an associate dean for many years we were pretty inseparable as a team in the workplace. So he stands out. At the time, there were just a couple of full-time faculty in internal medicine, Arnold Katz, Fred Garfinkel, and Dala Jarolim.

That comprised the full-time faculty, so I was the fifth member of the department's faculty back in '84. So, where should I go from there?

THOMPSON: You're fine. Other faculty, because you were a student here you were exposed to all of the faculty in the various departments, were there any of those faculty that stood out in your mind or that you ended up working with over the rest of that early career?

SAIZOW: Dan Plunket in pediatrics. Dr. Plunket was just the epitome of a gentleman, a pro's pro, and a patient advocate. So he really stood out and still does in my mind when I think of role models of advocates, in particular Dr. Plunket comes to mind. I had a couple of negative role models that I won't mention. And some residents who were role models as well—a pediatrics resident, several internal medicine residents. As a pretty intense introvert, you know, my circle of really close friends is rather small. And perhaps my closest lifelong friend comes from residency. We've remained close all these years. I mentioned we'll be moving to the mountains in retirement to ski every day; well, Dave and I have skied together every year for more than thirty years.

THOMPSON: Dave?

SAIZOW: Berman. Yeah. And so we got to be really close friends as residents here.

THOMPSON: Administrators? Other than Mary Jo and Connie, that stand out in your mind, either from the medical school, residency, or your early faculty years?

SAIZOW: So, Leeland Alexander, of course. Mike Lapolla, who you mentioned earlier. In those years he was involved in the ambulatory practices. And that was during the time that I was the medical director in the internal medicine clinic, so we had many opportunities to work together on common projects. And I don't know what he would say, but I mentioned my interest in innovative, in innovation and doing things differently. I feel like I often tested Mike's limits, but we seemed to work well together in those years. I had several opportunities to work with a variety of different deans here, as well as some of the deans on the Oklahoma City campus—Dwayne Andrews, Nancy Hall, Jim Schmidt. Those are names that go back a few years.

THOMPSON: Dr. Tomsovic would have been the dean during those early years for you—

SAIZOW: Yeah, when I graduated med school.

THOMPSON: Comments about his personality or his style of leadership up here in Tulsa.

SAIZOW: I don't think I had enough interaction to comment too much; although, other than to say I always experienced him to be quite respectful and gracious whenever we crossed paths. He always knew my name, you know, and had a smile.

THOMPSON: Another area I'd like to investigate, because you mentioned it when you were talking about your career, would you feel comfortable discussing the difference between the educational opportunities in Tulsa for third- and fourth-year students versus third- and fourth-year students in Oklahoma City? Because it sounds like you were involved in the academics at both ends, if I understood you a while ago. Can you describe a little bit about what you saw as the differences in what students might have been looking for who came to Tulsa versus those that stayed in Oklahoma City?

SAIZOW: Not that you'll want to keep in the video record.

THOMPSON: That sounds good, that sounds good.

SAIZOW: Other than to say that I found an ally in Nancy Hall. Back in the nineties she was an assistant or associate dean at the time, and while I found a lot of rigidity from the curriculum leadership in the Oklahoma City campus, I found ways to work with Nancy Hall that enabled me to explore my creative aspirations. In other words, we found ways for her to manage the rigidity and me to innovate in Tulsa that sometimes led to breaking through the rigidity in Oklahoma City as they adopted some of the innovations from the Tulsa campus. Specifically, she taught me how to use pilot projects as a way to change culture, to demonstrate outcomes in small ways, which enabled the Tulsa tail to wag, sometimes, the Oklahoma City dog.

THOMPSON: I guess I would ask you, do you think that part of that was the fact of the size of Tulsa versus the size of Oklahoma City, or would you say it was just the Oklahoma City mass being more difficult to move?

SAIZOW: Well, some of it has to do with the agility that size influences, so smaller size is more conducive to being agile. But I think the bigger differences were cultural, the cultural environment. Oklahoma City was risk averse and the Tulsa culture was willing to take risks.

THOMPSON: And I think you might say that was even from the early days of your third and fourth years up here as well because that was very much true I think of most of the faculty on this campus in those early days. Any other people in Oklahoma City that stand out in your mind? You mentioned Dr. Andrews. You obviously knew him in the early days with your interactions in Oklahoma City and then his stint here as the acting or interim dean, however that title was—any comments about him or other administrators that you encountered?

SAIZOW: No, I'd rather not.

THOMPSON: Okay, that sounds good. Again, because you started here as a student, you did your residency here, do you have thoughts about the interaction between the school here and the community of physicians here? Because again, I think that's different than that is in a lot of other medical settings. To use the terms that people would use, the gown and town. But do you have any comments about how that has operated over the years that you've been here and the benefits or maybe the disadvantages to the school as a whole?

SAIZOW: So, back in the seventies and eighties, there was a lot of collegiality across the city of Tulsa among physicians. One setting was the Tulsa Medical Education Foundation [TMEF], which is still in existence and an integral component providing funding for our graduate medical education. But back in the seventies and eighties, the TMEF was a place where physicians and hospital leaders regularly came together around the common interests of medical education. As the eighties turned into the nineties then the competition among health systems crept in and really diminished, or demolished, that kind of collegiality in the room. Other organizations that were much the same I remember being a member, Tulsa had what was called an Internal Medicine Society, I think was the name of it, and they periodically had dinners and they were well attended from physicians across the community, they were fun, you got to know people, and that just disappeared, again as the eighties turned into the nineties. The whole environment began to change in that way. There was a long standing town versus gown. In the hospitals, when I first joined the internal medicine faculty, I remember as a member of the hospital staff at St. John's and Hillcrest, I was not a voting member of their medical staff in the first few years. Well that, that changed as the eighties progressed. I mentioned earlier that in the nineties I became active in the hospital administration and leadership; and at St. John's, was the first member of the full-time faculty in Tulsa, of any specialty, to be elected as a hospital chair in the hospital's department of internal medicine, and subsequently a voting member of their medical executive committee. That had—I broke a barrier there. Up until that time, you know, okay, first we didn't have a vote on the medical staff, then we got a vote, but we weren't officers, and then that was broken. So that was kind of a transition to today, the full-time faculty are integral to many of the operations at the hospitals, so that's another big change that occurred over the years.

THOMPSON: One of the questions that we've found interesting, and again, because of your exposure here, would you like to make any comments about how medical education has changed from when you first started here to how it is now? How residency training has changed since you were a resident here to now? And I'll expand the question a little bit—just how the practice of medicine has changed period, over the period from 1978 to now?

SAIZOW: Well, okay, so my, these comments will expose the rose color of these glasses, the way I view—

THOMPSON: That's all right.

SAIZOW: I am an optimist at heart. So, there have been dramatic changes in medical education, that's not a surprise to anybody. And I think they're almost all for the better. And here's where I would focus: the expectations for faculty to supervise learners at every level of training, the focus on patient safety, and the focus on continuous quality improvement are all major drivers that have substantially changed medical education. You know, there are additional things that have had big impacts, like restrictions of work hours for residents, but that is all about wellness. And the focus on recent years on first resident and student wellness, and more recently on physician wellness more broadly is another big driver that is improving medical education, I think. So while it, I recognize it's common for colleagues of mine to, you know, woe is the world of change, that, it's, you know, the good ole days were best. I remember, for myself, many instances where I was inadequately supervised to ensure safety, for me or the patients. Now, that was not a good thing. It sure forced me to learn in different ways, but wasn't safe practice. So, yeah, those are big changes.

THOMPSON: Your thoughts about the computerization in medicine? You were right on cusp—

SAIZOW: Yeah.

THOMPSON: —coming into that. Knowing you were probably—

SAIZOW: I was an early adopter.

THOMPSON: —an early adopter. Your comments along those lines about how it has improved, or not improved, maybe, healthcare, or teaching of residents and students?

SAIZOW: So, so many focus on the difficulties surrounding electronic medical records, but having had the, you know, a period of my career that was focused on paper charts, remembering all the hours spent looking for lost charts, and lost information and trying to, you know, deal with all of the pieces of paper and writing the same things over and over over time, to, you know, the initial electronic health records that were very basic and rudimentary to then more advanced records. Along with, you know, I commented earlier, early adopter, you know, as soon as 14.4K modems and email, CompuServe before AOL, I had our faculty using email, mostly with a lot of reluctance, to try to improve efficacies for our communications around patient care and call coverage and stuff like that. So it was immediately apparent to me, even with rudimentary electronic records that it was a vast improvement over the paper record. Well, people who come into medicine today who don't have the perspective of what it was like before EHRs, you know, they groan about the inefficiencies that are built into the system, but it's ever so much better, I think. And it's just another skill to learn, and if you think about it using the electronic health

record as another competence that I need knowledge, attitude, and skills to develop, it can change people's attitudes. Oh, yeah, it's like a new procedure I get to learn because you can get a lot better at it. Yeah, so I think overall it's been a big positive. Plus, it lets me work wherever I want to be. I'm not tied down to the office to do my charts.

THOMPSON: Not being hunted down in the halls to complete. Research interests over the years?

SAIZOW: Yeah, my scholarship interests revolved many around educational innovations. My biggest and most impactful accomplishment was a joint effort with three other colleagues where we created an online, comprehensive, innovative curriculum in healthcare communications used by medical schools, residencies, and hospitals around the world to help improve the communication skills of trainees and practicing physicians. So, that's an educational innovation on a big scale, and a number of smaller innovations that have had bigger impacts locally. Those, it's pretty much how I focused my scholarship efforts over the years.

THOMPSON: Other comments that you would like to make that you think would benefit people ten, twenty years from now when they see this interview about student education, residency, medicine in general?

SAIZOW: So, the parts of the culture on this campus that attracted me in 1978—the willingness to innovate, the interest in doing things differently, the openness to change, the focus on quality—is true still today, and is one of the big reasons I've stayed here for 35 years, more than 35 if you count medical school and residency. But it is still true today, I have still found many opportunities to innovate, an openness to try things differently at the program-level, the department-level, the campus-level, and I don't have any reason to suspect it will be different in twenty or thirty years. I hope that's an embedded part of the culture here that never changes.

THOMPSON: You've been exposed to other institutions, do you find what's here a little bit different—

SAIZOW: Oh, yeah.

THOMPSON: —than you find in other institutions?

SAIZOW: Yeah, the characteristics and qualities that I've been mentioning are fairly unique.

THOMPSON: Do you think the students that are still electing to come here are still very much like those students—

SAIZOW: Absolutely.

THOMPSON: —like those students that you were when you came?

SAIZOW: Absolutely. So, we now have four years of medical students, all who have had their education here in Tulsa, and each and every one of them had to have something of the pioneering spirit in them to give it a go. They had to have enough faith and enough interest in trying something different, in believing they were going to not only receive something good, but have the opportunity to contribute to making it good and better that they were willing to try it, so by definition they had the same kind of pioneering interests that I did forty years ago.

THOMPSON: Another question I will ask, because of something that you mentioned earlier about some of the things that you were doing at St. John's, do you think the campus has benefitted from expanding beyond just medicine into the allied health, when pharmacy was here? Do you think the campus benefitted from that growth into other healthcare professions other than just the MD degree, the development of the PA program on this campus?

SAIZOW: Yeah, absolutely. So in 2002, roughly, our Bedlam Clinics began, the student-run, free clinics for uninsured patients. In 2006, along with a colleague, Steve Mikzel(??), we opened the Bedlam Longitudinal Clinic, which became a required component of the third- and fourth-year medical school curriculum and PA curriculum here on this campus. In 2006, Schusterman Campus was quite new and Dr. Mikzel(??) and I were keen to make the Bedlam Longitudinal project for medical students an interdisciplinary practice experience for them. So, the proximity of likeminded educators from the College of Nursing, the College of Social Work, and the College of Pharmacy, literally who were just down the hall from me, made that happen. So, yeah, I think bringing everybody together under a common roof, not separated by many feet down any given hallway had a lot to do with some of our success here.

THOMPSON: Excellent. Any comments you want to make?

SAIZOW: I think that's plenty.

THOMPSON: It's been interesting, I will say to you, interesting because we've interviewed several people, I think it's interesting in that interviews that we've had with students who came here, and then who have stayed, either in the Tulsa-area or stayed with the University, their idea and attitude about medicine follow very much what you've talked about. When we've interviewed older physicians, they have a different focus, a different intention. I think it's very interesting. The computer is one of them, the fact that those youngsters in the late seventies, they just accepted that as part of life and moved on. I think with older people like myself, there was a little reluctance, you know, in every area to accept that computer as readily as you did, and to see

its value in the practice of medicine in the future, even though it was being used in those early days for a variety of other kinds of things, not a professional aspect, but you saw the values of that in the profession itself. It's interesting to see that different trend in that, in the different ages of the people that we've talked to. Well, we appreciate it. Your views and your attitudes are good because they give us perspective of someone who's been here from their early days 'til now, and I think that provides us with the information that people will enjoy seeing in the future, so we appreciate you doing it. Thank you very much.

SAIZOW: Good luck with the project.

End of interview.