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DIVISION OF NEONATAL MEDICINE  
DEPARTMENT OF PEDIATRICS  
UNIVERSITY OF LOUISVILLE  
SCHOOL OF MEDICINE

AMBULATORY CARE BUILDING  
530 SOUTH JACKSON, ROOM A3W22  
LOUISVILLE, KENTUCKY 40202

(502) 588-5888

(502) 562-8626

(502) 583-0127

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LARRY N. COOK, M.D.  
ASSOCIATE PROFESSOR  
CO-DIRECTOR, NEONATAL MEDICINE  
DIRECTOR OF NURSERIES,  
KOSAIR-CHILDREN'S HOSP.  
NEONATAL FELLOWSHIP PROGRAM DIRECTOR

ROGER J. SHOTT, M.D.  
ASSOCIATE PROFESSOR  
CO-DIRECTOR, NEONATAL MEDICINE  
DIRECTOR OF NURSERIES,  
HUMANA HOSP. UNIVERSITY  
TRANSPORT PROGRAM

BILLY F. ANDREWS, M.D.  
PROFESSOR AND CHAIRMAN  
NUTRITION AND INBORN ERRORS  
OF METABOLISM

DAVID H. ADAMKIN, M.D.  
ASSISTANT PROFESSOR  
NEONATAL RESEARCH PROGRAM

SHIRLEY A. WILKERSON, M.D., PH. D.  
ASSISTANT PROFESSOR  
NEONATAL FOLLOW-UP PROGRAM

JOHN L. ROBERTS, M.D.  
ASSISTANT PROFESSOR  
NEONATAL PULMONARY  
AND SLEEP APNEA LAB

Billy F. Andrews, M.D.  
Professor and Chairman  
Department of Pediatrics  
Kosair-Children's Hospitals

Dear Bill:

As you know, I grew up in academic medicine not long after you did. At first in Virginia and then at Michigan, I was taught the basic philosophy of academic medicine; i.e., education, research and patient care. The Department of Pediatrics was not so much a family, but rather a provided organization that allowed you to take care of educational goals (students, housestaff, etc.), and to pursue personal advancement and/or interests (research, patient care, etc.). Basic to academics was a money snobbery. If you tried for more personally, you were looked down upon as not true to the tenets of acadamia; i.e., self sacrifice for purpose of advancing knowledge. (How noble and God-like we felt!). This philosophy remained possible as long as large sources of money could be found to support this Camelot-like structure.

The price tag for Camelot, however, became too great. First at the University level and then quickly at the government trough, the supply of money was first frozen and then cut. The very foundation of Camelot was crumbling in the tidal surge of inflation. Department chairmen were being told that they could not hire and, in fact, would be expected to take budget cuts just like the rest of the University. Professors, in panic, were telling their chairmen that their grants were not being reviewed and, therefore, their salaries, as well as those of their personnel, were disappearing, also. The goose laying those golden eggs had stopped her laying.

The instinct for survival was amazing. Within ten years, the medical school clinical departments evolved from organizations primarily supported by outside funds to a business supported by its own industry. On the way to this new source of money (patient services), a strange and unusual thing happened; the department members grew closer. Divisions (cardiology, neonatology, allergy, hematology, etc.) who had often been very independent or even estranged, now became rapidly valued partners in the common work. It became obvious in a short period of

time that, if the department was to survive, each member had to contribute willingly to that survival. If the Department survived, then its goals could be realized and, most importantly, the individuals' goals could be worked toward.

Today, our Department of Pediatrics is very similar to a family-owned business with all the members of the family working in it. The goals of the Department are still the same; education, research, patient services. However, with the new monetary reality, the order is patient services, education, research. If the money from the first goal is not realized, then the Department has little chance to carry out its educational or research responsibilities.

To help the Department attain its goals and fulfill its responsibilities and for each of us to pursue our own interests; research, personal development, etc., all members have a common responsibility to patient care. This puts the gas in the Department's engine as well as our own. It is only after this has been accomplished that we have the luxury of exercising more personal choice of research, vs. administration vs. teaching, etc.

Our way of life has changed, whether we like it or not. Let us develop in this new direction rapidly so that we can continue to realize the benefits of this higher calling.

For me personally, I fully intend to continue to do my share of supplying the Department its patient care revenue. I take that responsibility very seriously. More personally, I have found that I truly enjoy my involvement in the role as the Chairman of the Student Education Committee, and see as a goal, to elevate the students performances well above the mean on the national boards. Windmills are meant for tilting!!!.

My involvement as Director of Nurseries at Humana Hospital University is also rewarding, as I find that my interpersonal skills have helped me pace the evolution of the nursery appropriately. I feel that in six months to a year, there will be little or no difference in levels of care as compared to Kosair-Children's Hospital. I think that my involvement in regionalization will be of benefit to the Department in the future. This will undoubtedly be in the area of helping develop stronger ties between the Department and the outlying pediatricians. This will be very important to insure a constant flow of patients for the Department.

Lastly; my goal, for the next five years, is to submit for publication three or more papers each year. There are few centers in this country which can say that they have a patient load as large, follow-up as good or a data base as extensive as exists at this institution.

Bill, I am very excited about the future. There are many unknowns ahead of us, and nothing is as certain as uncertainty. By working together and trying always to see what lies beyond, we can continue to thrive and grow. This is my commitment to you and our colleagues; to

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maintain and improve the Department as my vehicle for growth and self improvement, and as a regional institution for the improvement of health care for all children.

Sincerely,

A handwritten signature in cursive script, appearing to read "Roger".

Roger J. Shott, M.D.

RJS:jam