William Levin Sutker, MD: a conversation with the editor

William Levin Sutker, MD, and William Clifford Roberts, MD

Bill Sutker (Figure 1) was born in Chicago in 1948, and that's where he grew up. After graduating from public high school as salutatorian, he went to the University of Illinois in Urbana and graduated in 1970 with a bachelor's degree in physiology. He then returned to Chicago and the Chicago Medical School, where he graduated in the top 10 in his class in 1974. His internship and residency in internal medicine were at Baylor University Medical Center (BUMC), and afterwards he did a 2-year fellowship in infectious diseases with Dr. Ralph Tompsett, also at BUMC. In June 1979, he entered practice with Dr. Tompsett. At the same time he became director of medical education and later became chief of the infectious diseases service at BUMC.

About 2 years ago, Dr. Sutker became patient safety officer and one of the medical directors of Health Care Improvement and Care Coordination at BUMC. Although these are full-time positions, he still consults on hospitalized patients with various infectious diseases. He also is medical director of intravenous services, co-medical director of employee health services, and medical director of infection control at BUMC and its specialty hospitals. Dr. Sutker is the author of 22 publications in various medical journals. He is an extremely active teacher of the internal medicine housestaff at BUMC. He and his wife, Helen, are the proud parents of three offspring and, at the moment, two grandchildren. Bill Sutker is a busy man and a major player at BUMC, and he's also a very good guy.

William Clifford Roberts, MD (hereinafter, Roberts): Dr. Sutker, I appreciate your willingness to talk to me and therefore the readers of BUMC Proceedings. To start, could you describe your upbringing, your parents, and your siblings?

William Levin Sutker, MD (hereinafter, Sutker): I was born on July 9, 1948, in Chicago (Figure 2). My father, Robert, was born in 1921 in Chicago, and my mother, Carol, was born in 1925 in San Antonio. They now live in Plano, Texas. My dad turned 87 years old in March 2008 and my mother, 83 in February 2008. Both are living independently at home very well. My brother, Allan, was born in 1950 and is 1½ years younger than I am. He is an orthopedic surgeon in Plano. My sister, Marla, was born in 1957 and is 8½ years younger than I am. She trained as a lawyer but is not currently practicing. Although she and her husband met in the USA, they now live in Israel. He had a successful business in the USA, sold it, moved back to Israel, and is in business there currently. They live in a suburb of Tel Aviv.

Roberts: Where did you grow up in Chicago?

Sutker: On the south side in an area called Marquette Park. I attended Chicago public schools through high school. Then I went to the University of Illinois in Urbana.

Roberts: What did your father do?

Sutker: He owned a plumbing and heating supply store and a tile store on the south side of Chicago.

Roberts: How was it growing up in Chicago? Did you have a happy childhood? Was your home pleasant?
Sutker: Yes, I had a very happy childhood, a pleasant home, and lots of support from my parents (Figure 4). My father worked hard. I used to help on weekends at the store with stocking and some selling. I had lots of friends and played lots of sports.

Roberts: What was your home like?
Sutker: Home was good. My parents were always around. They were neither too strict nor too lenient. They gave me good direction and set the foundations for hopefully what I’ve developed into.

Roberts: Did they push you hard in education, or was that just expected?
Sutker: Education was emphasized. I don’t know that they pushed me too hard. They certainly encouraged and helped when necessary. They were not overbearing.

Roberts: Did your father go to college?
Sutker: Yes, but he never graduated. Because of the economics in the family he was forced to go to work and not complete college.

Roberts: What about your mother?
Sutker: My mother graduated from college.

Roberts: In what?
Sutker: Nutrition.

Roberts: Did she work outside the home?
Sutker: No.

Roberts: They went through the Depression. Did they talk much about it?
Sutker: My father frequently talked about how hard it was for him growing up—sharing clothes with his brother, always wondering where food was coming from. My father’s parents’ families were large. He always had relatives around. He started his business at a young age and was very successful.

Roberts: What was your father like?
Sutker: Although he worked hard, my father was always home for dinner. He might work one or two nights a week, but we ate dinner together as a family. We had trips as a family. My mother was of course around more than my father because he worked. But both were always available and provided me with appropriate direction and support.

Roberts: Dinner at night was a central focus of your family?
Sutker: Yes.

Roberts: What did you talk about at the table most of the time?
Sutker: Probably not much. It would be a recap of what the day was like and what was coming up.

Roberts: Did your father serve in World War II?
Sutker: Yes. He was in the Air Force during World War II but was stationed in the USA. He did not go overseas.

Roberts: What is your mother like?
Sutker: My mother is a very bright woman who is very family oriented. She’s always been very supportive.

Roberts: Did your father have a lot of siblings?
Sutker: My father had just one sibling, but both his father and mother were from very large families with multiple brothers and sisters. There was a large extended family. My father was in business with his brother, and we were close with their family. We shared a cottage in Northern Indiana with them and would spend summers there. When young we would all go there together. As we got older, we would alternate visits. Growing up I was close to my cousins.

Roberts: Was your wife’s family relatively large?
Sutker: Yes. Her mother had several siblings who were in the Chicago area, and she had cousins with whom she was close. She also had a close extended family.

Roberts: Did your mother and/or father smoke cigarettes?
Sutker: My father did when he was young but hasn’t for years. He never smoked around me. My mother never smoked.

Roberts: Was there alcohol in your home while you were growing up?
Sutker: Yes, but it was not consumed regularly, usually just on social occasions.

Roberts: Is that the way it is now for you?
Sutker: There is alcohol in our home and I have an occasional glass of wine, usually when we are out. Helen doesn’t drink at all. I have a lot of aging bottles of liquor in the cabinet.

Roberts: You mentioned vacation at a cottage in Indiana during the summertime. Did you and your family go on other vacations?
Sutker: I remember going to New York City; Washington, DC; many times to San Antonio with different stops on the way because we drove; Miami, Florida; and California.

Roberts: Did you room by yourself or with your brother?
Sutker: Early on we had a room together, and as we got older we each had our own rooms.

Roberts: Did studies come easy for you, or did you have to really work?
Sutker: I had to work. I studied a lot through school and it didn’t come easy for me. I had to put in a lot of hours studying.
I'm always correcting their writing grammatically.

**Roberts:** Were you on any of the high school sports teams?

**Sutker:** No, but I always played sports via neighborhood teams or other group organizations.

**Roberts:** How big was your high school?

**Sutker:** Just under 1000 students.

**Roberts:** That was 9th through 12th grade?

**Sutker:** Correct.

**Roberts:** Your senior class was probably 300 people?

**Sutker:** Right.

**Roberts:** How did you come out in your high school class?

**Sutker:** I was second in my class (Figure 5).

**Roberts:** How did you decide where to go to college?

**Sutker:** Although I applied to a number of different colleges, I chose the University of Illinois because several friends were also going there. It was fairly close to home but yet far enough away and the price was right. It worked out for me.

**Roberts:** How far was it from home?

**Sutker:** It's a 2-hour ride from Chicago by car. It was a longer trip when I was a freshman than when I was a senior because the highways improved.

**Roberts:** By the time you went to college were you pre-med?

**Sutker:** Yes. I knew I wanted to be a doctor for as long as I can remember, even as a little child. I got my bachelor of science in physiology.

**Roberts:** As you look back, what made you want to be a physician?

**Sutker:** I don't know that I can pinpoint anything. I had no specific role models. My father had some physician friends, and I think they helped direct me, but I don't know that I would look at any of them as necessarily a role model who helped me make that decision.

**Roberts:** Did you have any illnesses in childhood that brought you in contact with physicians?

**Sutker:** I had the usual childhood diseases but never anything serious.

**Roberts:** Your brother became a physician also. Did you talk a lot about it before either of you went off to college?

**Sutker:** We both knew where each other stood. I don't know what went into his decision. Since I was the first one he kind of followed what I did, but he independently decided what he wanted to do and he obviously ended up in a different specialty. He also went to the University of Illinois and to the same medical school.

**Roberts:** How did college hit you? Did you enjoy it?

**Sutker:** College hit me square in the eyes. In elementary and high school I did very well. I failed my first college test. It was a very rude awakening. College was difficult for me. I struggled. College was my “social awakening” rather than my academic awakening. I did okay.

**Roberts:** When it came time for medical school, how did you decide where you wanted to go?

**Sutker:** Unfortunately, I didn't have a lot of choices. Because of my academic struggle in college, my choice for medical school was limited. I went to the Chicago Medical School, a private school, and I got a good education.

**Roberts:** How many medical schools are in Chicago?

**Sutker:** Six.

**Roberts:** The population of Chicago is what?

**Sutker:** Three million without the suburbs.

**Roberts:** It sounds like you didn't work as hard academically in college as you did in high school?

**Sutker:** I think I worked as hard, but it just didn't come as easily.

**Roberts:** How big is the University of Illinois?

**Sutker:** Forty thousand students, about 10,000 in each class.

**Roberts:** Were you a member of a fraternity in college?

**Sutker:** Yes.

**Roberts:** Financially, college was not a struggle. It sounds like your parents were doing quite well by then?

**Sutker:** Because the University of Illinois was a state school, it was readily affordable. I was very lucky that my parents were able to pay for all of my education, including medical school.

**Roberts:** How did medical school hit you?

**Sutker:** I did very well in medical school. Maybe I found my niche. I had to study a lot. I changed the way I had studied to some extent.

**Roberts:** How big was the medical school? How many were in your class?

**Sutker:** There were about 130 in my class.

**Roberts:** Were students who had gone through the filter of college and the intellectual level was pretty good, I presume?

**Sutker:** Yes.

**Roberts:** How did you finish in medical school?

**Sutker:** I was among the top 10 students.

**Roberts:** Were there any teachers in medical school who had a major influence on you?

**Sutker:** No. I had a lot of good teachers. I looked more fondly at my clinical instructors than my basic science instructors. Nevertheless, the anatomy professor and the biochemistry professor were memorable. A lot of medical school classmates did not attend classes because class notes were always available. I always attended classes! I got to know some of the professors that way. They always asked questions from their lectures, and these were not necessarily included in the class notes. I was compulsive about attending classes.
I got married halfway through my freshman year in medical school. My wife and I always kid because when we announced to my parents that we were going to get married, I think my father thought this was going to be the end of my medical career. Actually, it had a very stabilizing effect because I no longer had to worry about the social aspects, something that perhaps contributed to some of my anxiety in college. My wife made sure that she wasn’t part of a failure and so at night she would not allow me to watch TV. She insisted that I study. She bought earphones for the TV so I couldn’t hear it while studying in the room next door. She was a very stabilizing influence!

Roberts: What is your wife’s name?
Sutker: Helen Horowitz.

Roberts: What were some of her characteristics that attracted you to her?
Sutker: She is very attractive. We have a lot in common. We got along very well.

Roberts: Where did you meet?
Sutker: We met on a blind date during my senior year in college.

Roberts: Where is she from?
Sutker: She is from the north side of Chicago, and I was from the south side.

Roberts: You got married about 1½ years after you met?
Sutker: Yes (Figure 6).

Roberts: When you were in medical school and rotating through the various specialties—obstetrics-gynecology, surgery, internal medicine, etc.—was it easy for you to focus on internal medicine, or did you have a problem deciding which area of medicine you wanted to pursue?
Sutker: I had no problem. I focused quickly on either general medicine or internal medicine and maintained that focus throughout all the rotations.

Roberts: You made Alpha Omega Alpha in medical school. When it came time for internship, how did you happen to pick a medical center in Dallas, Texas, for your house officer training?

Sutker: I had lived in Chicago except for the 4 years of college. The cold weather was starting to get to me, especially the snow. We wanted to get out of Chicago. A lot of my medical school classmates were from California, and most were going back to California. My attraction to Texas was from my mother, who had grown up in San Antonio. We had spent many family vacations in San Antonio and had passed through other areas of Texas. So, when applying for internship, I decided to send half my applications to programs in Chicago and the other half to programs in Texas. I interviewed in Houston, San Antonio, and Dallas. I didn’t even know there was a Baylor University Medical Center. Before I interviewed at Parkland Hospital, two students in the class ahead of me who had interviewed in Dallas recommended that I also interview at BUMC, which had a “sleeper” program. Thus, on a fluke, I decided I would interview at BUMC when I came to interview at Parkland. I was very impressed with the program and ended up putting BUMC first in the match and coming to BUMC for my internship.

Roberts: Your wife also was interested in coming to Texas and a warmer arena?

Sutker: Yes. It was hard because both sets of parents lived in Chicago. During my senior year of medical school, we had the first grandchild on my side and the only grandchild in the Chicago area on my in-laws’ side. Thus, they were hesitant to let us go. We thought we needed to go, not only for the warmer weather, but also as a maturing process. We had always had our parents there, and we decided we needed to learn how to live on our own. Everybody thought we were going for a 1-year internship and that turned into 3 years of residency and then 2 years of fellowship. Sooner or later, they all figured out that we weren’t coming back to Chicago. Once they figured that out, slowly but surely they all moved to the Dallas area.

Roberts: That was after your father had retired?
Sutker: Yes.

Roberts: When you came to BUMC in 1974, the chief of medicine was Ralph Tompsett. What attracted you to BUMC before you came here for the internship?

Sutker: It was a relatively small program. The residents all seemed happy. That’s been one of the outstanding characteristics of the program forever. The residents have always felt that they were getting a good education, were being treated fairly, and were happy to come to work. There were a lot of places where the residents didn’t feel that way. Coming to BUMC was contradictory to the advice I had received from my medical school advisor, who had suggested that I not go to the South and that I not go to a private program.

Figure 6. (a) Marrying Helen in 1970 and (b) renewing their vows at their 25th anniversary in 1995.
April 2008

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that infectious diseases was the broadest medical subspecialty. Infectious diseases specialists saw patients on many other services and are the only internal medicine doctors on some of those patients. I rationalized that I would be able to continue to practice general internal medicine as well as the subspecialty if I trained in infectious diseases.

Roberts: That was a 2-year fellowship? Were you the only fellow?

Sutker: Correct. Dr. Tompsett had had a fellow a number of years before. There was no formal program. I actually approached him to see whether he would be interested in re-establishing his fellowship, and fortunately for me he was able to do that. I was the only fellow who trained with him at that time.

Roberts: Dr. Tompsett, I understand, was a beloved physician at BUMC. What were his features that made him so in your view?

Sutker: Dr. Tompsett, to me and to many of the people who trained while he was chief, represented what we all wanted to be. He was a doctor's doctor: distinguished, fair, and bright; he had the ideals all of us desired. He was a role model and someone to emulate (Figure 7).

Roberts: Were you pleased with your fellowship?

Sutker: Yes, very pleased.

Roberts: What did you plan to do after finishing your fellowship?

Sutker: Dr. Tompsett made no promises to me as to what I would do when I finished. He was nearing retirement age and was looking to cut back on his hours. During my fellowship he interviewed several physicians to join him. I remember wondering why he couldn't wait for the 2 years until I was done. Fortunately for me, he did. When I finished he agreed to take me on as a partner. I actually finished the fellowship a little bit early because Dr. Tompsett had a vacation house in Maine and spent June, July, and August of every year there. I finished my fellowship early so that he could leave. I was left with the entire infectious diseases service immediately after the fellowship. Dr. Tompsett was the director of medical education, as well as the chief of medicine. When I finished my fellowship in 1979, Dr. John Fordtran came over from Southwestern Medical School to be the chief of internal medicine. I finished my fellowship one day and became the director of medical education the next day, and Dr. Tompsett was gone the following day.

Roberts: What are your duties as director of medical education?

Sutker: I am responsible for the overall administration of all the programs: making sure we meet accreditation requirements and that all programs are accredited; making sure that the housestaff gets paid; communicating with state boards, hospital staffs, and residents who have left. The day-to-day operation of each program is left to the program director. I don't have any day-to-day responsibilities for individual programs. I'm obviously more involved with the internal medicine program, since I am in that department and play a significant role there. We have approximately 200 housestaff each year.

Roberts: When you finished your fellowship, you went directly into private practice with Dr. Tompsett, but he was gone pretty
quickly. How did it work out? My understanding of the life of an infectious diseases expert is you can’t call your hours very well. The people you see are really sick?

Sutker: That’s true. The advantage I had initially was that I had now been at BUMC for 5 years. I’d been with the infectious diseases service for 2 years, so it wasn’t like I had to learn the logistics of what to do. I was already fairly well established and was able to transition fairly well into practice. It was very busy from the beginning with Dr. Tompsett’s being gone during the summers. But it was an exciting time.

Roberts: What was your day-to-day life like in, say, 1985? What time did you wake up in the morning? What time did you get to the hospital? What time did you leave to go home? What time did you go to bed?

Sutker: Interpretation of that somewhat depends on my point of view versus my wife’s point of view. I’ve always been an early morning person. My wife says I did that when the children were young so that I didn’t have to deal with them in the morning. I wake up about 4:30 AM. I go to the BUMC health club 3 mornings a week, and I’m usually there by 5:30. The other 2 days I go to the hospital and start rounds early. My day always starts early! I get home, depending on meetings, around 6:00 PM. When my children were growing up, I was home almost every night for dinner and then occasionally had to leave again. Weekends were busy with calls. My days were fairly long even back then (Figure 8).

Roberts: You worked “half day”—12 hours!

Sutker: I worked more than a half day.

Roberts: How often were you on call? Was it just you and Dr. Tompsett during the week? What about weekends?

Sutker: In the beginning it was Dr. Tompsett and I. We each took our own calls during the week. No nights were sacred, but I always had Wednesday afternoon off and he always had Thursday afternoon off. Seldom, however, was the afternoon actually off—it was usually catch-up time. Because Dr. Tompsett was in the twilight of his career, there were many periods when he wasn’t taking call. As a consequence, I had call all by myself for a number of years, which meant every weekend, until I trained new fellows to join me to share call with me.

Roberts: What did your weekend call involve? You would come to the hospital and make rounds?

Sutker: Yes, I’d make rounds and usually finish in the early afternoon. Sometimes I had to come back if there were other consultations. The weekends were always fairly busy.

Roberts: This was for both Saturday and Sunday?

Sutker: Correct.

Roberts: How often would you have to come back to the hospital at night as a rule during the week?

Sutker: Not often, less than once a week. A lot of times I could just give orders. Because I was always the consultant, I could usually talk to the referring physician, give advice, and see the patient the next morning.

Roberts: Do you see patients in the office setting?

Sutker: Yes. I was one of the first infectious diseases physicians in town to establish an outpatient practice. Traditionally, infectious diseases has always been a hospital-based academic practice. It has slowly evolved to where there is now an outpatient side of the infectious diseases specialty. I established an outpatient practice, in the Sammons building, when other infectious diseases specialists joined me.

Roberts: How many partners do you have?

Sutker: There are six of us currently. Infectious diseases are interesting. I’ve enjoyed it all these years because of the variety, and very sick people do get well. I finished my fellowship in 1979 before HIV was known. The first cases of HIV were described in 1981. I’ve been able to see that whole epidemic from day one to where it is now, going from a uniformly fatal disease (even with medicine given every 4 hours throughout the night) to a chronic disease that is well controlled, where HIV patients die of heart disease and strokes rather than from opportunistic infections.

Roberts: Those early years of HIV must have been very frightening.

Sutker: Yes, very frightening. Everyone was panicked. Early on, we didn’t know exactly what caused it, and there were no tests for it.

Roberts: During your period at BUMC, you have acquired a number of responsibilities other than being an infectious diseases consultant. Your most recent one is the chief patient safety officer. What do those duties consist of?

Sutker: About 2 years ago I re-evaluated where I was and decided to change gears. I cut down on my medical practice, almost eliminating outpatient care and limiting the number of inpatients that I saw, and took on additional responsibilities in safety and quality. I’m the patient safety officer and one of the safety and quality. I’m the patient safety officer and one of the

Figure 8. Vacationing with his family in 1982 at Disneyland: Helen, Tara, Nikki, Cory, and Dr. Sutker’s sister, Marla.
medical directors in health care improvement and care coordination—a lot of administrative work. As patient safety officer my job is to slowly but surely develop what has been termed “the culture of safety”: trying to be very open to encourage recording of errors and analyzing errors when they occur to see if there are processes that could be changed—trying to make everything better and safer for patients. I’ve always felt good throughout my career that I’ve been able to save a lot of patients’ lives with what I’ve done. The nice thing about working in safety and quality is if the efforts are successful, many more lives are touched by improving the quality and/or safety of the care. It’s been slow in development but we’re starting to have an effect, and that has been rewarding for me. I did it for the change and thought it would allow me to slow down a bit, to get away from the long hours that I was putting in, but it hasn’t had that effect. I’m actually working more hours now than I was before I took on this responsibility.

Roberts: How many hours a week does that position require?
Sutker: BUMC pays me for 40 hours a week. I spend significantly more time than that. I’m a full-time BUMC employee now.

Roberts: You are continuing your hospital consultations too?
Sutker: We see the “bread-and-butter” pneumonias, but we see a lot of unusual conditions including brain abscesses due to strange organisms. I recently saw, for example, a lady with Salmonella osteomyelitis of the clavicle. We see a lot of fungal infections. The immunocompromised patients having transplants of bone marrow, liver, kidney, heart, and lungs, as well as all the HIV, yielded numerous patients for an infectious diseases specialist.

Sutker: My most unique encounter with a patient occurred when I was asked to see a patient at a hospital where I had never consulted before. I was hesitant to go but I went anyway. The patient had life-threatening toxic shock syndrome, and I promptly transferred the patient to BUMC. Miraculously, the patient survived. That patient turned out to be Mike Von Erich, a member of the famous wrestling family (Figure 9). I became close with the whole family and subsequently cared for other members of the family through their well-publicized tragedies.

Roberts: Are you going to be able to keep up this vigorous schedule indefinitely as you approach 60 years of age?
Sutker: I don’t know what indefinitely is. I guess it depends on what happens every day as to when I think I’m going to retire. My family thinks that I’ll never retire. The changing of my responsibilities recently, even though the hours are longer, may nevertheless have helped prolong my career by changing to the administrative side. By not having the same amount of night or weekend call, I’ve eliminated some of the more stressful kinds of situations and replaced them with different situations.

Roberts: How much time do you take off each year?
Sutker: I take every Wednesday afternoon off now beginning at noon. I became a grandfather 6½ years ago and ever since I’ve taken all of Wednesday afternoon off. We now have two grandchildren, and both live in Dallas (Figure 10). My wife and I pick the grandchildren up every Wednesday afternoon from school and they spend that afternoon and evening with us. Wednesday has become an important time for me.

Roberts: How many children do you have?
Sutker: Three.

Roberts: What are their names?
Sutker: The oldest is Tara, born in 1973; the middle child is Nikki, born in 1976; and the youngest is Cory, born in 1977, on my birthday.

Roberts: What does Tara do?
Sutker: Tara is director of the preschool at the Jewish Community Center here in Dallas. She has the two children. Nikki is a high school counselor and currently lives in San Francisco. Cory, who lives in Plano, initially was planning to be a physician but changed his mind, becoming a lawyer who defends physicians in malpractice suits.

Roberts: Are all three of your children married?

Sutker: Yes (Figure 11).

Roberts: What are the names and ages of your grandchildren?

Sutker: Gabriella Ohayon is 6½, and Noah Ohayon is 4 years old.

Roberts: Do you have hobbies?

Sutker: I’ve always played sports. I used to play basketball, but I gave it up several years ago after back surgery. I exercise 3 times per week. We go to a lot of Mavericks and Stars games and see many Broadway plays when they come to Dallas. Helen and I have been lucky; we have traveled frequently to many destinations worldwide (Figure 12). But we spend most of our free time with our grandchildren.

Roberts: Where do you live?

Sutker: In far north Dallas, near the Tollway and Frankford Road, almost in Plano. We have a one-story house that we have lived in for the last 3½ years. We moved from a two-story house when the kids left.

Roberts: How much time do you take off now?

Sutker: In addition to Wednesday afternoons, we always go away for one or two vacations a year, usually 7 to 14 days each time. I try to take off 3 weeks of vacation each year.

Roberts: What meetings do you go to each year?

Sutker: Usually one of the infectious diseases meetings, and, in the last 2 years, I’ve gone to a number of patient-safety meetings.

Roberts: How many infectious diseases specialists are there in the USA?

Sutker: I don’t know the answer to that. It is one of the smaller subspecialties, behind rheumatology and endocrinology.

Roberts: Do infectious diseases patients pay their bills? So many of them are so sick!

Sutker: None of the patients pay. Their insurance does. Because we have such a large inpatient practice, we have to deal with the same tribulations as the hospital in getting paid from Medicare and Medicaid as well as dealing with patients who have insurance.

Roberts: Before the grandchildren came, what did you do on Wednesday afternoons off?

Sutker: I helped start up and volunteered at a neighborhood HIV clinic for a number of years.
Roberts: Do you and your family go to synagogue weekly?
Sutker: No. We are what is called “conservative,” so we’re kind of in the middle from a religious standpoint (Figure 13). We go regularly but not weekly. We were both brought up that way.

Roberts: You spend a lot of time with the housestaff. How does that work out?
Sutker: I’ve always enjoyed teaching. It was the motivating factor for my staying at BUMC. A lot of us who participate in the BUMC teaching program feel the same way. Teaching creates an academic environment without the politics that might occur in a medical school. I give conferences regularly and do attending rounds every year for the medical housestaff.

Roberts: How much time do you spend on rounds?
Sutker: I attend 1 month a year; the 1½-hour rounds are held 3 days a week that month. We have two infectious diseases conferences a month. I also do morning report for the residents 2 months a year.

Roberts: Morning report starts at 7:00 AM?
Sutker: Yes, for an hour, three mornings a week.

Roberts: Do you discuss all the previous day’s admissions or just the most interesting cases?
Sutker: I try to find out about all the admissions and go over all of them. I use the session as a question-and-answer period. In addition, until I changed to the administrative responsibilities recently, we always had residents or students rotating with us on the infectious diseases service. I have always had close and regular contact with the housestaff.

Roberts: You’ve seen a lot of changes at BUMC during the period that you’ve been here. What’s your view of how BUMC will come out eventually?

Sutker: BUMC will come out well. I have always had a lot of respect for our administration. In my position as director of medical education, I’ve always had good support, both financially and otherwise. Our leaders have their finger on the pulse and have been able to adjust when necessary.

People outside of BUMC may have heard of BUMC, but they really have no idea what goes on inside. When applying for internship via the National Resident Matching Program, I ranked BUMC and Baylor College of Medicine in Houston as my first choices. Because I was unfamiliar with the exact terms, when the day of the match came out and it said BUMC, I wasn’t sure if I had ended up in Dallas or in Houston. I had to go look in the book to find out where I had matched.

I help interview for the new housestaff. Most potential interviewees come, like I did, not knowing what to expect and leave totally enamored with the place. BUMC is a very nice place to work because everyone gets along well. The relationship between administration and medical staff in general is exceptional, far better than at most other hospitals.

Roberts: Do you think that BUMC will have its own medical school eventually?
Sutker: There are always talks about affiliations, but I don’t know the answer to that. I think that most of the medical staff do not want to be in a medical school. We get the benefits of a medical school without the politics of a medical school. On the other hand, we like strong affiliations and the constant influx of medical students and housestaff.

Roberts: As director of medical education, you’ve got your pulse on the housestaff on all the various services. I’ve been very impressed at how good the housestaff are and how well they did in medical school before arriving at BUMC.

Sutker: That is a “sleeper aspect” of BUMC. A lot of medical students are told not to go to a private hospital for training because they won’t get to do anything or won’t get any responsibility. We certainly have shattered that preconceived notion. Our housestaff get enormous direct patient responsibility, they get constant teaching, and the number of procedures they do exceeds that at a lot of other hospitals. That word gets out, and good houseofficers attract other good houseofficers. We’ve been very fortunate in our programs by continuing to attract good trainees, and many have stayed on our staff and then feed back into the system. The quality of the medical staff and the housestaff at BUMC is very high.

Roberts: I understand that most medical residents score over 90% on their board national examinations.
Sutker: Correct. There is an in-service examination halfway through the 3-year residency and another examination to become board certified at the end of the residency. In the last 5 years, 100% of our internal medicine residents have passed that final examination. The same thing holds true for our other programs.

Roberts: When did you start wearing a beard?
Sutker: In 1995, I started growing a beard on vacation and have had it ever since. I had a beard transiently when I was a houseofficer, but Dr. Tomsett frowned upon facial hair, and so I never grew a beard when I worked for him out of respect for his preferences.
Roberts: Is there anything, Bill, you would like to talk about that we haven’t touched on?

Sutker: We’ve talked through most things. One anecdote might be worth recalling. I vividly remember writing my first paper, which was on granulomatous synovitis, an infection of the hand and wrist, with Dr. Tompsett. He made me rewrite that manuscript over 50 times before it was acceptable to him. That always made an impression on me as to what to look for and how to write something up.

Roberts: On behalf of BUMC Proceedings, I want to thank you, Bill, for pouring your soul out here.

Sutker: Thank you.

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