Bob and Sue Vaughan's Legacy Letter

Front Cover: Drs. Sue and Bob Vaughan at the Founder's Dinner Celebration, U of AZ College of Medicine, Tucson, AZ 2015.

Dear Colleagues and Students,

The support staff at The Foundation for Anesthesia Education and Research (FAER) asked my wife Sue and me to reflect on our careers in Anesthesiology and Nursing and what we have learned. When we first met in 1971, we could never have anticipated how collaborative clinical research, management, leadership, and a profession in academic clinical practice would become part of our flourishing and loving partnership. We hope our couple's story will enlighten and encourage other young professional couples, as well as other men and women who desire to support and shape the future of anesthesiology and US healthcare.

IN THE BEGINNING: IF THERE IS WILL, THERE IS W Y

Robert W. (Bob) Vaughan's Early Years

I am a native of Dallas, Texas. I grew up in the small community of Oak Cliff across the Trinity River south of the big city of Dallas in the 1940's and 1950's. My father worked as a glazier installing plate-glass and metal. He had dropped out of school in the eighth grade to earn a living as a laborer. Money was tight to nonexistent in my family. I have an older brother who chose to follow my dad's path in construction.

My family did not value education, beyond secondary school. No one on my paternal or maternal side had any post-secondary education, although my mother, who died when I was three and a half years old, did graduate from high school. My maternal grandmother became my advocate and family supporter, but she was herself on TX state welfare.

How and why did I become a physician from such an unlikely background? The best short answer starts with my public school teachers in Dallas. I always enjoyed the challenge of school and helping my fellow students excel in science, math, and world history. Noting that proclivity for teaching and support of others, my science teacher in high school encouraged me to consider becoming a teacher and potentially a physician. He helped me apply for college in Dallas to Southern Methodist University (SMU). Meanwhile, he suggested broadening my high school course work by concentrating on courses in English and Latin to augment my natural curiosity in math, geography, and science. My mentor at SMU, Dr. Harold Jeskey, not only hired me as a teaching assistant in Chemistry but also recommended me for early admission to UT Southwestern Medical School to teach Gross Anatomy. UT Southwestern received summer funding for an accelerated Gross Anatomy course choosing four entering medical students one from each of four colleges (SMU, Rice Institute, U Texas at Austin, and Texas A & M). I represented the entering premedical students from SMU in 1962.

Dr. Harold Jeskey, Southern Methodist University Professor of Chemistry, Sue and Bob Vaughan at the Carolina Club, UNC-Chapel Hill, NC, May 1996.

Why Anesthesiology Residency at TX Southwestern Medical School? I trace my specialty choice of Anesthesiology to Dr. Tom Shires (Chairman of Surgery) and Dr. Pepper Jenkins (Chairman of Anesthesiology) when I entered clinical rotations at Parkland Hospital and the U of TX Southwestern Medical School.

Dr. Pepper Jenkins, Professor and Chair Anesthesiology, U of TX. Southwestern Medical School and Dr. Bob Vaughan, Professor and Chair Anesthesiology, UNC Chapel Hill. Photo taken at an ASA Meeting in New Orleans, 1989.

I enjoyed many aspects of diverse medical specialties. I particularly enjoyed the operating room environment. The rapid growth of emerging subspecialties in Anesthesiology really sealed the deal. The attention to detail and organizational skills required in pediatric anesthesia and critical care drew me into fellowships after my residency at Parkland Hospital. I accepted a dual clinical fellowship at Dallas Children's Hospital and then in 1969-70 to Harvard University/Massachusetts General Hospital in Boston to the Respiratory Intensive Care Unit.

However, my fledgling dream to become a doctor was not fulfilled easily. I had to work hard throughout my high school, college and medical school years to earn enough money to become a physician. By the time I became a sophomore in medical school, I had unintentionally raised a flag with the Social Security Administration (SSA) and IRS because of all the jobs I previously held. The IRS summoned me for a comprehensive federal audit despite being poorer than the proverbial church mouse. The examiners alleged: Three people were using Robert William Vaughan's social security card! No one person can work that much. In fact, I was indeed employed by twenty-seven different companies between 1955 and 1963. If there is a will, there is a way! Good deeds (working hard) are not always rewarded (thanks, IRS).

Sue's Early Years

I am a native of Missouri, born in Cape Girardeau, but spent my formative years mostly in West Plains, Missouri. I was the third born of four children. Female role models, other than secretaries, teachers, or nurses, were quite limited in the 1950s. Fortunately, I wanted to become a nurse. A family move from Cape Girardeau, Missouri in 1948 to West Plains, Missouri, with a population about 4,500, allowed my father a chance to start his own dairy business. Rural Missouri exposed my two sisters, my brother and I to a completely different world (understatement!). For example, this smaller rural environment offered no hospital or college and no role models specifically for an aspiring nurse. Even so, core values from family, especially my mother who was a teacher; the Presbyterian Church; and other school teachers and friends focused my career choice toward a helping (caring) profession. Also, movies shown in our one-theater town (10 cents for those under 12 years of age; 25 cents for adults. What a deal!) This opened my eyes to possibilities in the outside world. Dedicated teachers encouraged me to attain broader education and even bigger ambitions for my career.

Although I learned many valuable lessons in small town America, the latter did not include challenging or rigorous courses that allowed me admittance to schools of higher learning. Despite more than one application rejection (a harsh motivator), my perseverance paid off. A helping, caring profession fit my skill sets and dreams. I refused to give up on Miss Sue Cole (maiden name). Nursing as I saw it in the 1950s seemed destined to fit me to a T. I wanted to make a difference. I grew toward clinical teaching combined with nursing care and excelled at personal growth in the profession. Nursing offered respect, plus a way forward toward a paying profession and job security. Little did I know what a paying job would contribute to my emerging, lifelong career development. Employment allowed me independence and an entryway to the teaching of student nurses and learning from established nursing colleagues. The real bonus was the opportunity to contribute to enhancing patient care through discovering new knowledge.

My career developed in parallel with the advancement of Nursing as a Science. Moreover, Nursing's courageous leaders designed the roadmap for advancing the profession that lit my path and raised the bar in science. Those nursing pioneers wisely surmised that a rigorous research base is essential to develop new professional knowledge. We are obligated to continue building on the shoulders of leaders who came before us. Thus, my Ph.D. in Clinical Nursing Research became my eventual formal education but it didn't happen rapidly. Twenty years of never giving up, plus a more than supportive, encouraging, and enthusiastic husband accelerated my personal and professional growth. As a couple, we became SueBob, a professional team. Bob's encouragement and can do attitude propelled me beyond a BSN and into the complex world of graduate education and new leadership skills in healthcare. I accepted positions in clinical care, research, teaching, and management/leadership in different medical centers across the country.

Sue (Cole) Vaughan as a first year Nursing Student at St. John's Hospital School of Nursing in Springfield, MO, 1960.

Nurse Sue (Cole) Vaughan clinical care teaching at Barnes Hospital (Ward #5200) St. Louis, Mo, circa 1969.

And now, back for a brief visit to Missouri. I began my nursing career in September 1960, upon graduation from high school.

After earning a three-year diploma from St. Johns Hospital School of Nursing in Springfield, MO, I began my slow, glacial climb toward a baccalaureate degree in nursing. The proposition was pay as you go to avoid accumulating debt.

My parents were supportive of post-secondary education, but funding was not available for me. Like Bob, I worked my way through college and graduate school in nursing. Nursing proved to be an excellent career ladder for me. With an emerging national demand for more highly educated professional nurses, I was able to work in clinical care while using my wages to acquire more formal post-secondary education.

In June 1971, I had completed my B.S.N. in medical-surgical nursing from St. Louis University. I met Bob in February, and we got married in August of 1971 (A wonderful totally unexpected commitment that became a surprise for both of us). Then, I had an opportunity, with a federal grant, to begin coursework toward a master's degree at the same Jesuit institution. As luck and persistence would have it, later in my career, I attended the University of Arizona, College of Nursing for a unique new doctoral program in Clinical Nursing Research. Such a career commitment west of the Mississippi River for a Ph.D. in clinical nursing was exceedingly rare in the mid-1970's. I was honored to be selected. When there is a will, there is a way.

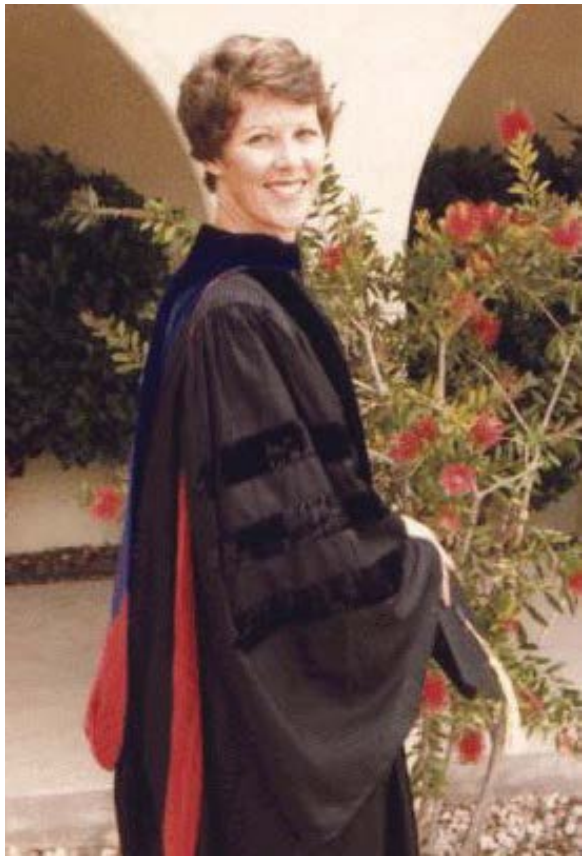
Sue and I are most proud of two joint clinical research projects (morbid obesity and hypothermia) that we initiated as a team in 1972 in St. Louis, MO. After Sue had completed her BS in Nursing at St. Louis University, she considered graduate education. I provided clinical care, teaching residents, and designed clinical anesthesia research as a beginning Assistant Professor of Anesthesiology at Washington University/ Barnes Hospital in central St. Louis County. In our joint research planning, we decided on collaborative clinical research projects. Sue chose the nursing management of the morbidly obese patient (>350 lbs., about 5 ft. tall) while I choose the preoperative anesthetic care of morbidly obese patients. Sue cared for patients and collected clinical data at St. Louis University Hospital as well as Washington University Clinical Research Facility. I collected preoperative operating room data at Barnes Hospital/ Washington University.

As a couple, we supported each other as we worked jointly to design studies, apply for research funding, and obtain Human Studies Institutional Consent. We then initiated pilot projects to refine the study design and focus on the rigorous collection of reliable and valid clinical data. Both studies proceeded on parallel tracks at separate medical centers. Within two years, Sue began publishing her research data. Subsequently, she was awarded her Masters of Science degree at St. Louis University. I began to publish clinical data on the anesthesia management of morbidly obese patients. Later, Sue became Director of Nursing and Associate Hospital Administrator at a 650-bed St. Louis Hospital. Concurrently, I was invited to present my data at Anesthesiology meetings and other medical centers for objective peer review. I began to submit manuscripts for publication on morbid obesity and was promoted to Associate Professor with Tenure at Washington University in St. Louis in 1975.

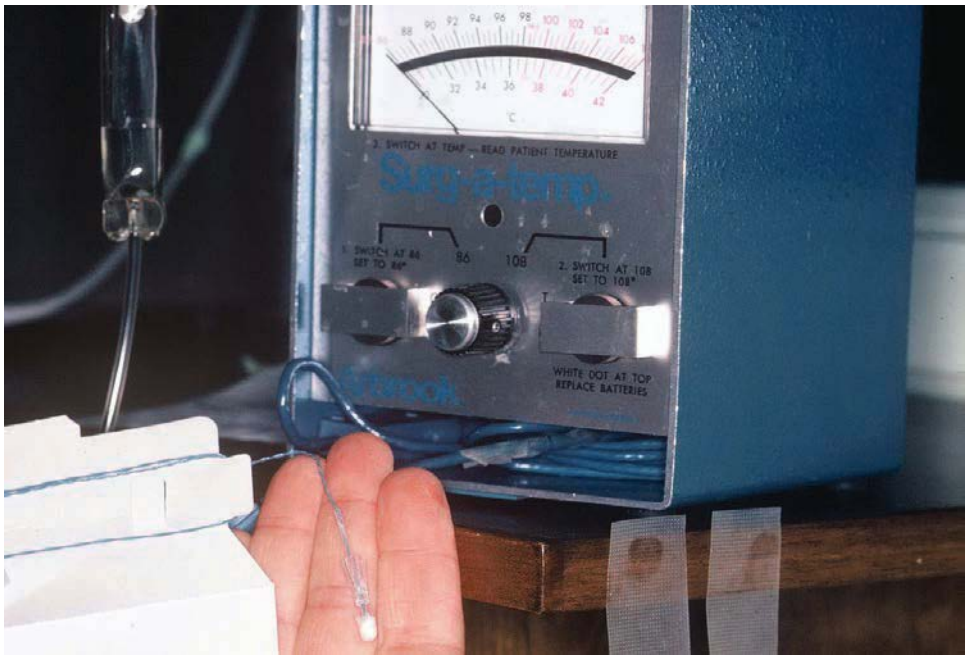
By 1974-75, both Sue and I became recognized as a professional couple by colleagues at other academic medical centers. In the summer of 1975, after eight months of consideration, I was recruited to the newly emerging medical center of the University of AZ College of Medicine in Tucson, AZ. The fit proved excellent for both members of our twosome regarding career development, personal lifestyle, future opportunities, and professional growth. I was appointed Associate Department Head of Anesthesiology, Director of the Operating Rooms, and Educational Residency Program Director. Sue began to consider actively applying to the new Ph.D. program, one of the few in the country in Clinical Nursing Research at the University of AZ College of Nursing.

Then, the SueBob team began to design a second new major project for the long-term clinical research of preoperative hypothermia using new non-invasive monitoring, clinical management, and description of potential complications for all operative patients. The orphan vital sign, temperature monitoring, hurdled to center stage in operating room pediatric as well as adult patients. The SueBob team began to work with colleagues in bio medical engineering and industry to design and test a new non-invasive monitoring device, a tympanic membrane thermistor. A wisp of cotton around the tiny thermistor cushioned and protected its insertion into the ear canal and touched softly against the tympanic membrane to measure core body temperature.

Sue Vaughan, Ph.D. - Graduation day, U of AZ, Tucson, AZ, 1980.



Tympanic Membrane disposable "cu-tip" thermistor plus Monitor Unit circa 1979.



Grant writing began for funding. SueBob worked jointly with surgical, engineering, and nursing colleagues; wrote and presented unique original clinical data, and both of us grew academically in joint clinical research. Sue graduated in 1980 as the second Ph.D. in Clinical Nursing Research from the original clinical nursing research program at the University of AZ.

Subsequently, we were both invited to speak at national and international conferences plus US academic departments. Our collaborative work enhanced both of our careers. Three highlights of particular note occurred. We were being invited to speak at State and Annual American Society of Anesthesiology meetings plus in 1984 both of us were invited independently to the landmark International Symposium on Preventable Anesthesia Mortality and Morbidity at Harvard University in Boston. Among the 43 guests, there were 42 anesthesiologists (40 men, two women) and one clinical Ph.D., R.N. researcher (Sue). We were honored to be selected for this distinctive team. I had just become the youngest Chairman of an Anesthesiology Department (The University of NC at Chapel Hill) in the US. That assembled international group of research scientists and clinicians began a several year collaboration to write the first ever international and national monitoring standards for safety in operating rooms in 1986. Temperature monitoring rejoined the family of vital signs as no longer an orphan but a valuable and legitimate operating room and the preoperative requirement for safety in adult and pediatric patient care. The third invitation of note was Sue being invited to speak as a guest of the South African Nurses Association in Cape Town and Durban Regional Medical Centers in South Africa. What a wonderful opportunity for both of us personally and professionally.

Hospital Nursing leaders with Dr. Sue Vaughan, after Sue's presentation at Baragwaneth Hospital, Cape Town, South Africa, September 1982.

THEMES ND LIFE LESSONS

Now, might be the appropriate time to reflect on our overall medical and nursing careers. Sue and I have been married for 44 years. We are grateful for all our marvelous memories and good fortune. Along the way, we observed certain themes and life lessons that perhaps can help our young colleagues and students in anesthesiology and nursing.

A. Perseverance and Hard Work

Sue and I realized the importance of perseverance and hard work to complete all aspects of post secondary education, especially for first-generation (Bob) students in college and professional school. You must overcome distinct obstacles beyond just personally funding your education. When you move into more advanced social realms, certain barriers can stop you cold. For example, how proficient are you at advanced communication skills e.g. intensely focused listening, speaking (grammar), and professional writing? Coming from rural Texas roots, I will tell you that English was my second language! Also, seeking out and learning new management, leadership and personal skills beyond only medicine became absolutely necessary in selecting and developing teams. Both Sue and I sought further education in business management, leadership, and life skills by reading outside medicine and nursing, studying, and learning from executive courses in business schools as well as political venues. Deliberately reaching out beyond your field of specialty expertise becomes a mandatory effort. Moreover, you need to collaborate with surgeons, nurses, specialty technicians, and business and legal professionals to manage complicated patient care problems. Such additional formal education becomes essential. Also, recognize that because of your position colleagues expect you to develop joint educational programs for all health colleagues. Such examples include teaching the skills for airway management, cardiopulmonary physiology, and advanced life support certification. You must consistently break silos between sub specialty groups, volunteer to design and lead outreach programs, and be willing to participate in hospital leadership in the board rooms of major medical centers. Representing all your colleagues requires careful, in-depth study, preparation, plus the ability to articulate clear and concise communication outside your field. Both of us learned to become progressively indiscriminate learners by teaching other professionals, learning continuously in other fields, and fostering new discovery while working with friends (old and new) that represented extremely diverse backgrounds and surprisingly unique cultures. Everyone has a story. Listen and learn from each colleague's background. Working in diverse teams becomes crucial to provide the best patient care despite the highest levels of complexity. Learn to select for diversity as a strategic asset and expect accelerating change as a crucial component of your unique challenges.

B. You Can't Do It Alone

Often, mentors, advisers, and teachers serve as role models to provide essential support and encouragement in lieu of family members. We enjoyed an enlarging, diverse, talented second family in our professional worldview. But, how do you find new role models? The best strategy to cultivate role models is to volunteer to become a resourceful problem solver. Complicated questions require all the help you can get. Serve as a liaison between students and colleagues by offering to join their team to contribute your unique skills. All non-physicians expect highly educated physicians and nurses to master leadership skills. Learn what is different about leadership. Such unique skills include strategic thinking and planning; creative vision and organizational expertise; clear, brief and concise communication; fostering interdisciplinary teamwork; and constructive outreach into the local and national political process. Learn to become a resource for politics at the state and national level. Serve willingly as a medical resource for your community and specialty by "befriending" your congressman and senators. Support them financially for election. If you don't like what you've got, elect someone else! Plan an open house to introduce your network of voters to your chosen representatives. Go to Washington, D.C. to advocate for your specialty. Don't forget to take medical and nursing students with you and join effective physician advocates from other specialties. Show up to speak honestly and articulately as an advocate for patients.

Your personal growth as an influential, knowledgeable expert benefits not just you and your specialty. As an example, when you speak on behalf of neonatology, pediatrics, and critical care and your specialty is not directly involved, you underscore your own values and commitments for the inter relatedness of all healthcare.

"You must consistently break silos between subspecialty groups, volunteer to design and lead outreach programs, and be willing to participate in hospital leadership in the board rooms of major medical centers."

Dr. Bert Coffer, ASA Director for NC, Senator Terry Sanford (NC), and Dr. Bob Vaughan, Professor and Chair, Anesthesiology, UNC-Chapel Hill, NC, April 1984.

C. Integrated and Diversified Teams

The overuse of the term, teamwork, in the business setting seems to minimize its crucial importance. Medicine and Nursing, in particular, have become so competent at building rigid silos that strong forces now deter the cultivation of interdisciplinary care teams.

Be aware that not all professions work for the best interest of patients or the community. It's up to you to become knowledgeable about medical liability, health law, the financial focus of the health insurance industry, and assembly-line health care that may avoid adherence to accepted standards and safety. Become a knowledgeable leader-advocate so your specialty has a seat at the table. Focus on cost and risk-benefit ratios to enhance problem-solving. Sue and I have participated, selected, and encouraged interdisciplinary teams throughout our careers in management, leadership, research, teaching, and clinical practice. We feel strongly that the more complex the problem, the greater the need for teams with diverse skills and established personal relationships to help understand the myriad of problems. I have served nationally on numerous task forces for anesthesiology and chaired more than one of them. Both of us recognize the crucial importance of selecting people for diversified and integrated teams. You must facilitate careful vetting of members that reflect the rich differences represented in gender, ethnicity, age, unique experience, and distinct cultures. Seek to ventilate sub specialty silos while building bridges between such exclusive structures to create a team of teams. Such an effort requires a focus on structure, organized problem solving that enhance creative solutions while considering multiple options and creative new opinions. Such integrated task forces must be deliberately constructed and led by value-driven professionals who reflect honesty, integrity, openness, and build trust. Hint: choose each team leader very carefully to emphasize the best virtues you honor. The results will amaze you.

"We feel strongly that the more complex the problem, the greater the need for teams with diverse skills and established personal relationships to help understand the myriad of problems."

D. Alliance Building – Allies Matters.

A related theme to diversified and interdisciplinary care teams is the importance of alliance building beyond the specialty of anesthesiology, especially with colleagues in nursing, surgery, law, business, and other allied health professionals in major medical centers. We all need to recognize the astonishing interdependence necessary to solve today's U.S. healthcare issues related to the broad categories of access, cost, and quality care of today and tomorrow.

Unfortunately, some physicians demonstrate an overwhelming tendency only to do clinical work, collect the fees, and avoid ownership of the community and national problems. They almost religiously avoid management, leadership, advocacy, or unfunded community service. We get it! We're asking more of you. Perhaps our reflections and ideas can encourage you to become more proactive. Advocacy and problem solving beyond clinical care in your hospital, community, and specialty actually can leverage your unique skills with political outreach and service for all health care. Putting it simply: we advocate learning to shape your environment with your skills beyond your comfortable practice. You are the professional leaders with years of specialty education. Nobody else can speak for you and your profession. Represent others; get out and get in it. Your local component societies and national societies need your help. These institutions are desperate for your direct involvement now. Who knows, you probably have dormant talents that will enrich your life as well as open the door to meeting some really exceptional people. We have.

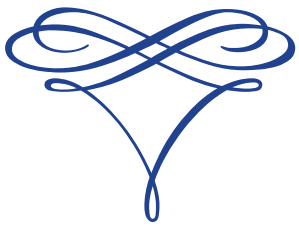
"We all need to recognize the astonishing interdependence necessary to solve today's U.S. healthcare issues related to the broad categories of access, cost, and quality care of today and tomorrow."

E. Caution! Alert! Beware of Weak, Disingenuous Leaders.

Such leaders could appear outwardly charming and helpful. However, they can lack a moral compass of honesty, integrity, and trust. They avoid the bedrock human principles of justice, fairness, courage, empathy for colleagues, and a true commitment to helping develop the next generation of leaders and caregivers. Human beings easily succumb to focused narcissism. It's effortless to become me-only in our capitalistic world. Money, power, greed, and behavioral manipulation of the truth can become their guiding principles. Avoid and actively resist such misplaced values and avoid such lost souls. Instead, embrace the universal ethics and values of honesty, integrity, trust and caring for others. Voluntary service is not old fashioned. Learn to identify those people who manipulate the truth and thrive on power instead of modeling humble service and generosity. Don't waste your life's time on manipulators and pseudo leaders. You can become proficient at spotting these disingenuous leaders. How? Just turn on the nearest TV, listen, watch, and observe radical, dishonest unrealistic verbiage and how such behavior warps the personality of politicians in full election mode. That's what prevaricators and slick disingenuous money mavens look like when seeking power over others. Reality TV personalities are poor role models for future leaders.

Always remember that just because an activity passes as legal does not necessarily mean that action passes the ethics test. Legality only exists as the entry level of human behavior. It's unfortunate, given our generally wonderful experiences in healthcare careers, we have to mention the dark side of human behavior. But we owe you, the reader, students, and future leaders, such candid, and courageous truth. Unfortunately, it is the dark side part of the real story behind personal and professional development, especially where big money and power collide. Virtuous, generous behavior will never grow old as a universal human value

"Always remember that just because an activity passes as legal does not necessarily mean that action passes the ethics test."



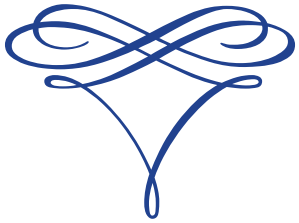
F. The Only Thing Constant in Life Is Change

Finally, we have included a few comments about the extreme human aversion to rapid change that you will likely encounter. Both Sue and I, at certain times in our career, were chosen as transformational change agents. That can be a bruising and dispiriting experience. Why? Sometimes people see change as a threat, and it can bring out the worst in people. Change can be scary for some people. Even so, leaders must manage the adherence to the status qua in complex new environments. As a leader, you will probably become the focus of an intense and frightening reaction. When you do, you might as well wear a T-shirt designed by Target! People perceive severe loss and act accordingly to manifest their worst instincts.

Remember, it's the rate of change that scares people. Learn to shape the process. If you can create an opportunity to introduce change over time, this allows individuals to heal and cope with their sense of loss, as old habits and rules fade and new coping mechanisms surface. Allowing last minute crises to govern is not a creative strategy for change.

That said, please be aware that the healthcare business we've chosen continues to be defined by rapid change, redirection, and constant encountering of new disruptive technologies. On the positive side, such innovation fosters lifelong learning that can greatly improve patient care and be intellectually exciting and stimulating. The balance between managing change going forward and constructively avoiding going backward to perceived easier days, defines courageous leaders. The professional satisfaction of becoming such a leader is immeasurable, the importance indisputable. We hope you don't shy away from leadership roles and transforming our field just because it can be uncomfortable and challenging. We need you to continue to move forward not just accept the status qua. As Hillel said, "If not you, who? If not now, when?"

"The balance between managing change going forward and constructively avoiding going backward to perceived easier days, defines courageous leaders."



CONCLUSION

Sue and I have led, learned and practiced clinically in various areas of this country, lectured internationally, learned continuously from numerous colleagues and friends, and tried to leave each job/position better than we found it. Both of us agree that we have become a lot smarter and wiser together than we could have individually before we met. Synergy does work. God willing, we will continue to grow older together. The goal is to accumulate wisdom as you age. Remember, there is no established physical law that requires age and wisdom to travel together. Often they do not!

But there is wisdom in history that allows us to use the lessons of the past to make decisions in the present and to plan for the future. This legacy letter allows us the pleasure and honor to share our hard earned lessons with you. We hope it will inspire you to become progressive leaders, educators, and visionaries in your clinical practice, and if you choose, academic anesthesiology and research. Your leadership can greatly increase the visibility and professional respect for the specialty of anesthesiology as it grows amazingly with your enthusiasm and creativity. We're betting on you.

No matter what healthcare career or specialty area you choose or currently work in, reach out to other colleagues, be it academic, research, community service, political or social services. There you will find powerful value-based allies who can help become change agents with you. They are out there. There's no special handshake to find them, but their energy will attract you to them. You only have to recognize their sincere, truthful values that match your own.

We close with a rarely considered asset to your life:
incremental planned giving.

Often and repeatedly we have been asked:

1. Why have you supported the health specialties of Anesthesiology and Nursing with your time and talents as well as financially over many years?

2. How do you both benefit from being so generous? Why have you now become engaged actively in Planned Giving? That is to say, What's in it for Sue and me?

NSWERS

1. Paying it forward allows both of us to pay back in a small way those marvelous advisers, teachers, and mentors we value and honor. Many are no longer among the living but still live in our memories. Each is our hero.

2. Next we can fund our educational passions by shaping the future of the next generation while enjoying the young, enthusiastic scholars of today.

3. By acting now, we can build a lasting legacy that defines who we are and what we stand for. You too can choose to support what you value.

4. Observing today how a small investment of funding for a student can enormously supercharge opportunities for the next generation of young professionals, despite the fact that we may not ever know the recipients.

5. Also, we have an opportunity to invest in new programs that foster a model of life-long learning for students that is team-based and evidence-based care for patients. For example, you can help build creative programs that emphasize leadership development and teach professional life skills for the next generation of specialists in health services and the humanities. Externships and internships enormously supercharge learning. Each experience builds on previously weak personal connections emphasizing outreach in learning beyond where you normally work. A whole new world opens up for student learning both professionally and personally.

6. You will enjoy helping talented young people choose value-based relationships to build their future family of colleagues personally and professionally. Who can predict what lights are turned on and how that experience can change lives?

So finally, what is SueBob up to now?

Both Sue and I are in our early to mid-70's. Sue and I have been retired from clinical practice over 12 years but continue directly involved in community service. The latter has involved board memberships as well as leadership and management positions as unpaid volunteers. Over time, we have been involved in planned giving especially to the University of TX Southwestern Medical School (Bob's Alma mater) and the University of AZ in Tucson (Sue's Alma mater and Bob's as a Founding Faculty and Alumnus). Living in Tucson has allowed us ready access to the University of AZ College of Science, as well as all Colleges of the Health Sciences. More frequent interaction with undergraduate and graduate students energizes both of us. We enjoy both serving as patrons for students and in the programmatic planning of Leadership and Life Skills Programs. Being engaged with the next generation energizes and enriches our lives as it will yours.

Warmest Regards and Encouragement,

Bob and Sue Vaughan

Dr. Bob Vaughan and Sue after Retirement as Chair, Anesthesiology, UNC-Chapel Hill, NC 1994.