

Qualitative Data Analysis Project

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Data Analysis Report

Analysis of Data

Upon receiving the transcribed interview, I read through the transcript one full time making notes of specific items that stuck out to me as important. I then re-read the transcript a second timer and started writing themes I saw repeated in the margins, to begin coding in a small way. Merriam and Tisdell (2016) refer to this process as open coding because the researcher is “open to anything possible at this point” (p. 204). During this stage of the process, I found myself noting many details of the interview, from common phrases used by the interviewee to gestures they made. Some of the initial notes I made in the margins of the transcript include: “history of MCG”, “folklore about MCG”, and “transition- changes for future”. This stage of the coding process involved details being written down on a separate sheet of paper, so I could start gathering codes and noting any patterns to create categories.

After these early reviews of the transcript, I approached the task with a more systematic mindset, writing down all the common themes I saw. In alignment with Chapter 8 of Merriam and Tisdell (2016), I used this time to step back and think about the forest rather than the trees of codes I had for the transcript. This early list of codes amounted to about 20 different codes. I know that our goal was to bracket these codes into categories that fit together. This grouping entailed analytical coding, during which I reflected on the meaning of the codes (Merriam & Tisdell, 2016). In my additional readings of the transcript, I found four major categories, which began as: 1) History and Background, 2) Future Needs, 3) Changes/transitions, and 4) Relationship of Medical College of Georgia. These larger categories, like the codes under them, did change slightly in the process, though. Developing codes for each theme in the category was the most challenging part of this assignment, as I found myself revising them often and second

guessing my choices. Under the fourth category, “Relationships”, for example, I began with six codes, but realized in creating my matrix that having a code with only one or two occurrences was not justified. This final category eventually got narrowed down to three codes within it because the codes were slightly redundant with six.

Grouping the codes into categories was less challenging for me even if it was time consuming. Re-reading the transcript and analyzing the data took several days over the course of a few weeks. I chose to limit my coding to simple large categories and then codes within those categories, as the codes created naturally fit in to larger themes. Exhibit 1.1 shows the final categories and codes within each of these four categories. I still feel a little insecure about a few of the codes, and the words I chose to represent them, but the progress I have seen in this assignment is substantial.

Exhibit 1.1

Rebecca's Codes

1. History/Background	Hist
a. Interviewee's personal history	Int
b. Hospital history	Hosp
c. Academic school history	Acad
2. Medical College of Georgia Needs	Need
a. Mission/identity of school	Ident
b. Communication	Comm
3. Changes/transitions	Trans
a. Name changes	Name
b. Administrative & budget changes	Admin
c. Changes to physical structures	Phys
4. Relationships	Relat
a. Relationships within MCG	InMCG
b. Community perceptions	Percep
c. Partnerships with hospitals/community	Part

Interpretation of Analysis

In reviewing the matrix of codes (Exhibit 2.2), I see that the interviewee discussed specific topics often, such as their personal history and various partnerships of the college. As is seen in the matrix, the categories of History/Background and Relationships totaled the most collective occurrences of codes for the transcript, with 37 and 40 codes respectively. The two individual codes with the most occurrences were Partnerships with hospitals/community (Relat-Part 4c) and Community perceptions (Relat- Percep 4 b), along with Academic school history (Hist- Acad 1c). The codes with the least occurrences were Changes to physical structures (Trans- Phys 3c) and Communication (Need- Comm 2b). Although the category of

Changes/transitions was not the least mentioned in the interview, it did not have as many occurrences as the other categories in this interview. The physical changes made to the school were important enough for the interviewee to mention multiple times, but there was significantly more knowledge about the administrative elements of change, such as budgetary and staffing updates. While the Changes to physical structures (Trans- Phys 3c) was not a largely used code, I did feel it was an important part of the redefinition of the college and needed to remain in the list of codes, as it did not fit neatly into administrative changes or name changes.

When interviewing someone about the Medical College of Georgia (MCG), a great deal of background was required, both about the interviewee and the school itself, as is reflected in the large occurrences of these two codes. There was a total of 14 codes for the Interviewee's personal history (Hist- Int 1a), as understanding this individual's background with the school and healthcare is a key part of the topic. These codes appeared heavily in lines 30 to 78, early on in the interview, which reflected the need for the interviewee's background in relation to the topic at hand. Regarding the background information needed to understand the context of MCG, there is almost double the amount of code occurrences for the academic history code (Hist- Acad 1c) as there was for the hospital history code (Hist- Hosp 1b). From their own personal history, the interviewee then moved next to discussing the academic history of the school, beginning consistently on line 98. The interviewee responded to questions about the future of MCG, noting relationships were an important part of its future. There was also a clear pattern in the Relationships category, showing a focus on the MCG work with the community and the community's ideas of the school. These codes began around line 214 with the Community perceptions code starting here, and then from here the code of Partnerships with hospitals/community beginning on line 248 and continuing steadily until line 325.

Exhibit 2.2

Matrix of Frequencies of MCG Categories and Codes

Code	Number of Occurrences
History/Background	
Interviewee's personal history (Int)	14
Hospital history (Hosp)	8
Academic school history (Acad)	15
<i>Total</i>	<i>37</i>
Needs	
Mission/identity of school (Ident)	12
Communication (Comm)	5
<i>Total</i>	<i>17</i>
Changes/transitions	
Name changes (Name)	10
Administrative & budgetary changes (Admin)	12
Changes to physical structures (Phys)	3
<i>Total</i>	<i>25</i>
Relationships of MCG	
Relationships within MCG (InMCG)	7
Community perceptions (CommPercep)	15
Partnerships with hospitals/community (Part)	18
<i>Total</i>	<i>40</i>

Regarding the needs of MCG moving forward, a clear sense of identity and mission needs to be developed, as noted multiple times by the interviewee. Later in the discussion, the interviewee speaks to this need directly stating, “who we are in the community needs to be defined” (Line 302). However, communication as a future need is less important compared to the total of 12 codes for Mission/identity of school (Need- Ident 2a). Moving forward, there is a need for a mission for the school, which connected to the importance of partnerships with the school, as partnerships can be formed best when a mission is clear. For the community to perceive MCG in the way the school wishes, the community and hospitals should be a large part of the development of this mission and identity. For example, when speaking about a discussion at a city council meeting, the interviewee says people there “wanted to know how they perceived

MCG” (line 225). Further study is needed regarding the history of the hospital as it relates to the school, as there was a lack of knowledge from the interviewee, a seasoned employee familiar with the school. When working to create this mission, the name of the institution should be a key factor in consideration since there is still community and employee confusion over that element.

1 Interview: KPB
2 10/25/10 1:18 pm
3 (Duration 57:32)
4

5 *SS: Alright we are going to get started now. As part of this interview I must include a brief*
6 *consent statement before we can continue. The contents of this project will be analyzed in my*
7 *research course at Georgia Southern University. All information about your identity will be kept*
8 *confidential unless otherwise required by law. If information about this interview is published, it*
9 *will use pseudonyms or fake names. This project is for research and educational purpose only.*
10 *The research is not expected to cause any discomfort or stress. However, some people may feel*
11 *uncomfortable talking about these subjects. If you feel uncomfortable at any time during this*
12 *interview, you may decline to answer and stop participating at any time without penalty. No risks*
13 *are expected. This interview will last approximately 30 minutes up to an hour. Do you have any*
14 *questions?*

15
16 KPB: No questions

17
18 **SS: Do I have your consent to continue with this interview and to record it?**

19
20 KPB: Yes you do.

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22 **SS: Thank you. Alright lets get started. First can you state your name as you feel comfortable**
23 **for the purposes of this interview?**

24
25 KPB: My name is XXXXXXXXXXXX.

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27 **SS: How long have you been involved in the MCG community, and in what capacity?**

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29 KPB: When I was, I went to school here and graduated in 75 with my bachelors of science in
30 occupational therapy (**Hist- Int 1a**). And I was the president of the class and I was put in to a lot
31 of rolls with other schools that when I graduated the department and department of neurology
32 wanted to keep me on as an employee (**Hist- Int 1a**). So I was hired out of school to develop
33 grants and um inparticularly to advance OT neuro services at the VA, but I was a MCG
34 employee. And so I treated patients with the VA therapists for a year then went to the hospital as
35 a therapist (**Hist- Int 1a**). After 3 years the department of OT, academic side, um recruited me to
36 be part time academic and part time clinician and be in charge of fieldwork education at the
37 hospital because they were sending anywhere from five to ten students there at a time (**Hist- Int**
38 **1a**) . And o, I went up the ranks academically and kept seeing patients. But in 1980 I was
39 pregnant there was a measles epidemic and I don't have immunity so I switched just to
40 academics and stopped treating in the hospital too (**Hist- Int 1a**). Um I left MCG in 1992 to
41 work for a corporate rehab corporation and stayed gone for 6 years. But was recruited to come
42 back as the chair and then, that was in July 1998, I was chair and then for 3 years and the director
43 of continuing ed and then I am now a professor (**Hist- Int 1a**). I was a professor then too but
44 now a professor with no admin role (**Hist- Int 1a**).

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46 **SS: So in total how many years?**

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KPB: 35 (**Hist- Int 1a**)

SS: Oh wow ok, so I bet things have changed a lot over the past 35 years.

KPB: Let me correct that, I have been an OT for 35 years but with MCG for 30 years. (**Hist- Int 1a**)

SS: ok.

KPB: the other years have been with novacare. (**Hist- Int 1a**) I am sorry I misstated that.

SS: That's ok. I know that you have grown up in the MCG community. When did you first become aware of MCG as an entity?

KPB: well really growing up in north Augusta, I was aware that MCG was here. And when I went to college I wanted to be an occupational therapist (**Hist- Int 1a**) and at the time South Carolina did not have a program. So SC government contacted me that they would pay my tuition to go since they couldn't offer my degree in the state they would do the academic common market and pay my whole tuition. So I knew that I was coming to MCG when I was a freshman if I got accepted (**Hist- Int 1a**). Then so, all I really thought about mcg at that time was that it was a school and not necessarily a hospital health system too (**Relat- Percep 4b**). MCG was just the school (**Relat- Percep 4b**).

SS: Ok, so did MCG have a level of prestige or...

KPB: at that time its rep was more treating the indigent of GA (**Hist- Hosp 1b**). So As a school it wasn't necessary the prestige but it was the closest health care academic center to anyone that lived around here (**Hist- Acad 1c**). MUSC was like MCG on the developmental edge but didn't have a lot of the allied health programs, just medicine, dentistry and nursing, and that's how MCG kinda started too (**Hist- Hosp 1b**) . So Since I wanted to be an OT I was kinda tunnel visioned (**Hist- Int 1a**). The hospital...in the community no one came to the hospital from the area. Everyone went to University because it was known as the indigent care hospital. If you were indigent you went there (pointing to MCG hospital out the window) (**Hist- Hosp 1b**) .

Ss: ok, so even 30-35 years ago, was there a distinction between MCG Health and MCG academics?

KPB: Now we were one unit. It's just the community only thought of it as the school unless you were indigent so there wasn't a distinction between the hospital and the school (**Relat- Percep 4b**). It was all just MCG. Except the hospital was called Eugene Tallmadge Memorial Hospital after a Georgia Senator. But they kinda dropped him along the way (**Trans- Name 3a**).

SS; Wow,

KPB: Yeah!(with surprise)

93

94 **SS: that kinda leads to the next question. Growing up in the MCG community you must**
95 **have knowledge of the history of MCG that newcomers such as myself are not aware of.**
96 **Can you think of anything that stands out?**

97

98 KPB: oh...we were always taught that MCG is one of the oldest medical schools in the country,
99 and it is (**Hist- Acad 1c**). And that the old MCG hospital that is on...downtown area... is still
100 standing and is used for wedding receptions and things like that (**Hist- Hosp 1b**). There are the
101 occasional markers and dated tombstones that show wear and tear being from the 1800s (**Hist-**
102 **Hosp 1b**). One of the things that hits the news growing up was that it was a medical academy
103 and they offered a baccalaureate degree in medicine. First it was one year then it became two
104 years. And then grew from there (**Hist- Acad 1c**). Cause in the 1800s that's all it took to be a
105 doctor. That all changed with accreditation all hit in the 50's (**Hist-Acad 1c**). One of things that
106 the folklore that was downtown there is a whipping post that was used in the civil war era and
107 there were also um stories about um employees, and has been highlighted in the news and
108 Augusta State historian and professors, whose jobs was that there were actually slaves who's job
109 it was to rob other slave graves for the bodies. That is where they got their cadavers from (**Hist-**
110 **Acad 1c**).

111

112 SS: Wow.

113

114 KPB: Yeah, not a good part of MCG history (**Hist- Aca 1c**), no.

115

116 SS: No, not at all

117

118 KPB: And they actually have pictures in the archives of the slaves that would dig them up (**Hist-**
119 **Acad 1c**).

120

121 SS: When is, I was unaware that MCG was that old, dating back to the Civil War. When did
122 MCG....

123

124 KPB: 18...um...in the 1800s...um....early 1800s was the...um... I forget what they called the
125 first part of MCG. But they became an academy of medicine (**Hist- Acad 1c**). It was started by
126 local physicians who wanted to add more physicians to the area (**Hist- Hosp 1b**), there was a
127 need. It offered a one year baccalaureate then became an academy which was two years. Um so
128 you kinda ended up with a baccalaureate and then a quasi masters degree with the second year of
129 the academy. And then it wasn't really until the later in the 1900s...1940s 1950 that
130 accreditations for continuing medical education and things like that started looking at academic
131 medicine strictly and so MCG changed for that (**Hist- Acad 1c**). So MCG , ironically, has had a
132 number of name changes (**Trans- Name 3a**). It was the academy of medicine for a long time
133 (**Trans-Name 3a**). I think it was around the 1950s that it became Medical College of Georgia
134 (**Trans- Name 3a**). So, it was just a school of medicine. And then it became a School of Nursing
135 and graduate studies offered a PhD program. Then the School of Allied Health and Dentistry was
136 after that (**Hist- Acad 1c**).

137

138 SS: Wow- that's interesting.

139
140 KPB: and the School of Allied Health came in the 60s (pause) (Hist- Acad 1c) and Dr Ray Bard,
141 who was my dean, when I was a student and when I was first hired was the first founding dean of
142 school of allied health sciences (Hist- Int 1a). He was a military guy, cell and molecular
143 biologist, by background. So we really have um only once had someone who was a member of
144 the Allied Health profession leading the school of Allied Health (Hist- Acad 1c).

145
146 **SS: Wow- that's interesting. When you first arrived as a MCG faculty member, or even**
147 **first as a student, what was the culture like on campus and within the School of Allied**
148 **Health?**

149
150 KPB: everybody wore white coats, lab coats, everywhere we went and we interacted because it
151 was smaller then (Relat- InMCG 4a). And um there was PT, OT and medical technology (Hist-
152 Acad 1c). I think, I really wasn't aware of any of the others. PA didn't come until the 70s (Hist-
153 Acad 1c). So I think that was primary who we were at that point. We knew each other not so
154 much as students, we socialized with the med students, as OT students, but then later as a faculty
155 member the campus knew each other (Relat- InMCG 4a). The everybody knew each other.
156 Most of the people who worked here at that time were from the area so um there wasn't a lot of
157 cultural diversity or people being from across the world and all this kinda stuff. We were... We
158 kinda knew each other (Relat- InMCG 4a). That changed across the years rapidly. But we were
159 like um and people still refer to as us um as MCG family, those people knew who grew up here.
160 And still several of those around. A lot of them retired in early retirement though (laughed). A
161 lot of them (emphasis). But it was just... We all knew each other and got along with each other
162 (Relat- InMCG 4a). It wasn't unusual for like, to have neurology say that I would like to have
163 an OT work with us on this and then and OT was poof (hand gesture) there to work with them
164 (Relat- InMCG 4a). Neurology took one of their examining rooms out of the hospital and put an
165 OT clinic on the floor (Trans- Phys 3c). We were the only discipline that they did that for. They
166 took one of the physician examining rooms and made it a mini OT clinic because they didn't
167 want us to waste time transporting them down to the OT clinic (Trans- Phys 3c). It was like if
168 there was a problem you fixed it... quickly. You didn't have all of this red tape (Trans- Admin
169 3b).

170
171 SS: Right

172
173 KPB: It was different

174
175 **SS: What do you think, having been in the system for so long, has caused the changes that**
176 **you refer to? You mentioned that things have changed and are different know, but what do**
177 **you think has caused the changes that you refer to?**

178
179 KPB: (sigh). Well, we have gotten bigger and we have got more um administrative positions and
180 um we are a lot more diverse (Trans- Admin 3b). We have grown away from being unified
181 schools to silos of schools who are competitive with one another (Relat- InMCG 4a). And even
182 um a hierarchy of budgets like which budget is most important (Trans- Admin 3b). About 10
183 years ago we separated from the hospital because we said we can't manage the school and the
184 hospital well (Trans- Admin 3b). Now we have brought them back together. And so I am not

185 sure what we have done now to make sure we can do them both well. But It has only been 10
186 years but we have brought them back together (**Trans- Admin 3b**). So...we are more
187 competitive in the community with the other health care systems then we were back then ().
188 Um...Back then we had that clear mission. We treated the people who couldn't afford to get
189 health care anywhere (**Hist- Hosp 1b**). If you couldn't afford health care you came to MCG. But
190 the financial structure has changed couldn't (**Trans- Admin 3b**)... and has even articulated that
191 we wanted to get away from being known as the indigent care hospital and facility (**Need- Ident**
192 **2a**). They wanted the private pay to equal out with the indigent care. And wanted the state to
193 give them a lot more money (**Trans- Admin 3b**). so that happened about 10 years ago too.
194 And... around the fallout of the balanced budget act really (**Trans- Admin 3b**)... Everyone
195 started focusing more on money (**Trans- Admin 3b**) and not having teaching patients. There
196 would be teaching patients that they would actually keep on campus for months (facial gesture of
197 surprise) so that they could get everyone trained, and see what was interesting about them and
198 how much rehab could get out of them. They don't do that anymore (laughing).

199
200 SS: Definitely not! Don't see that anymore.

201
202 KPB: And things are a lot more red tape too (**Trans- Admin 3b**) (laughing)

203
204 SS: Yes! (laughing along with KPB regarding reference to red tape)

205
206 KPB: ...that's one of the biggest changes. We are silo-ed (**Relat- InMCG 4a**), red taped, and
207 things don't get solved easily (**Trans- Admin 3b**) (fingers counting to show 3 issues at hand)..

208
209 **SS: how do you see the relationship between MCG and the community? Um..both in the**
210 **past and currently. You have commented that in the past MCG taught, I mean treated, the**
211 **indigent patients. But what does the community perceive and what was their perception**
212 **of...**
213

214 KPB: Their perception in the 70s 80s and 90s is that we were an indigent care hospital (**Relat-**
215 **Percep 4b**). So if you got referred there because of a specialist at MCG was the best person to
216 take care of you one of the things they would say right off the bat "well Im not indigent and I can
217 afford to pay" (**Relat- Percep 4b**). You know the patients would perceive that you would get
218 different treatment if you were a paying patient versus one of the indigent...and...um...that was
219 kinda interesting. And you know, even as they made that transition they created units on certain
220 floors (Trans- Phys that were for private pay patients that were different. And that was kinda
221 interesting. Ummm....but then they realized that that wasn't the best thing to do so they just
222 renovated the whole hospital (**Trans- Phys 3c**) and made the rooms all the same. The
223 community.... I smiled when you said that....because um, I had lunch with the mayor of North
224 Augusta after church Sunday and his wife. And he said that a public relations person from MCG
225 came to city council this past week and wanted to know how they perceived MCG (**Relat-**
226 **Percep 4b**) and what they could do to become better community partners with the city of North
227 Augusta. And, I said what did you say? He said that he told them that we don't know what you
228 do (**Relat- Percep 4b**). He said "We know you are competitive with University hospital. We
229 know you have a cancer center and they have a cancer center (hand gestures comparing one to
230 the other)...you have a heart center and they have a heart center. Um...so he said what is unique

231 about what you offer?" (**Relat- Percep 4b**) And of course the PR person wasn't the best person
232 to ask that to (**Need- Comm 2b**) but that was the instruction that Lark gave to the PR person
233 from MCG that you need to communicate to the community (**Need- Comm 2b**) what you can do
234 for the community.

235
236 SS: right

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238 KP: And you know, he said that all we know about you is what we read in the paper (**Relat-**
239 **Percep 4d**). (pause) And of late that hasn't been the best news, you know (making gesture
240 towards SS to indicate knowledge of the recent news).

241
242 SS: Right

243
244 KP: Even if we have this new research you know, average Joe citizen doesn't understand
245 (**Relat- Percep 4b**) that this protein level, you know, makes a difference in their daily life you
246 know. So, what is your relationship with the community? So, I think that is what is different
247 because before we were all from the community and now we're not and so I think there is a little
248 separation from the community (**Relat- Part 4c**). Whereas with university advertises itself as
249 your community hospital (**Relat- Part 4c**).

250
251 Ss: you're right

252
253 KP: so I think that is where the competition. Interestingly enough we've had a real tug of war
254 with the administration of university hospital (**Relat- Part 4c**). I remember when we had a
255 mandatory meeting 10 years ago all the administrators had to be here at 7 o'clock and it was the
256 administrators at the hospital and the administrators on the academic side and we were told at
257 that meeting that if we could not get along with our counterpart that we would be fired (**Relat-**
258 **Part 4c**). And that we would- and that our mission is that we would build a partnership with
259 university hospital (**Need- Ident 2a, Relat- Part 4c**). And it was interesting that the group that
260 didn't get along was the president of the university and the CEO of the hospital (**Relat- Part 4c**).
261 That relationship deteriorated over time and the relationship of the CEO of the hospital and the
262 CEO of University deteriorated really bad (**Relat- Part 4c**). That was public.

263
264 SS: Right

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266 KP: So that didn't help build a community (**Rel- Part 4c**).

267
268 SS: Right

269
270 KP:...of health care systems.

271
272 SS: And the CEO of the hospital, MCG hospital is no longer here (**Hist- Hosp 1b**).

273
274 KP: No longer here (simultaneously)

275
276 SS: And, MCG now has a new president (**Trans- Admin 3b**).

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278 KPB: Right. A new change.
279
280 SS: So, it almost sounds like the growth of MCG has caused...
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282 KPB: Growing pains.
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284 SS: growing pains within the community.
285
286 KPB: Well, I really don't think MCG ever articulated a community partnership plan (**Relat- Part**
287 **4c**). I think that as we develop these silos on campus that we developed silos within the
288 community (**Relat- InMCG 4a, Part 4c**). You know, we think we are the greatest, so as we
289 focused more and more on research the community got separate from us (**Relat- Percep 4b**).
290
291 Ss: right...
292
293 KPB: that doesn't pertain to them. But even with the community initiatives (**Relat- Part 4c**).
294 Like our fundraisers and things like that are for like the CMC and that's what the community
295 sees that we really are (**Relat- Percep 4b**). The cancer center is new and they are seeing more of
296 that but basically um well I know the CEO of MCGs hospital's wife, when she had cancer she
297 went to University (facial gesture with eye brows raised).
298
299 SS: Wow, that's telling.
300
301 KPB: So, I think that who we are in the community, I think Lark hit it on, right on target there.
302 That who we are in the community needs to be defined (**Need- Ident 2a**). Again. And we need to
303 partner with the community and the other hospitals (**Relat- Part 4c**) instead of just being in
304 competition with them (**Relat- Part 4c**).
305
306 **SS: Right. Well, do you think with our new...the new president and the push to make us**
307 **one of the top 50 research institutions...do you think that is going to help or hinder the**
308 **relationship with the community?**
309
310 KPB: I don't know cause I haven't seen the plan. I've heard the ideas and the articulation
311 that...I've heard that we will partner with the community (**Relat- Part 4c**). Ive heard that we
312 will be a research leader (**Need- Ident 2a**) but the connecting the dots from point a to point b
313 (gestures as if connecting dots)...I haven't seen those yet so I don't know. I don't know. I think.
314 I think it would be a mistake if we don't build a partnership (**Relat- Part 4c**) and if they don't
315 see us visible in the community that we are doing more than recruiting money for ourselves but
316 what can we do for the community (**Relat- Part 4c, Percep 4b**)? And I think that's the part
317 that's missing. You know, that we should be in the community (**Relat- Part 4c**). If we truly are
318 Georgia's Health Science University then the community should be Georgia (emphasis in tone
319 and with hands) not just Augusta. You know its like if we've got this new research that could
320 help people right after they've had a stroke then why is it just in Augusta? You know, or in
321 Atlanta? How do we network that across the state (**Need- Comm 2b**)? And that is what we

322 should be known for (**Need- Ident 2a**) (hand gestures to emphasize point). That's just what I
323 think but no one has asked me until now (both laugh).
324 But um, I don't know. I think we are obviously realizing that we need to connect with the
325 community and we are asking them how to do that (**Relat- Part 4c**). And if they are saying back
326 to us that we don't know what you do (**Need- Ident 2a**) then we got to start there.

327
328 SS: Right

329
330 KPB: Yeah!

331
332 SS: Right I guess that is kinda what I was thinking that you know if... sometimes medical
333 research is just sometimes it seems to be at such a higher level than what the average Joe
334 community member can process so we are going to have to make a conscious effort to connect
335 those dots (**Relat- Percep 4b**).

336 KPB: We are more than research (**Need- Ident 2a**) Now we are putting a bigger focus now on
337 the quality of education and we are now saying that education is our priority. We are putting that
338 in our publications (**Need- Comm 2b**) and stuff and that's causing people to say "you weren't
339 focusing on that before? (**Need- Ident 2a**)" (facial gesture with eyes raised in questioning). You
340 know you were training our healthcare providers and you weren't focusing on that before? So we
341 have to be careful with the messages we get out there (**Need- Comm 2b**)- like we need to care
342 about education all (emphasis) the time (**Need- Ident 2a**). And then our research is so that we
343 can help our patients (emphasis) get better. And then our service needs to be for the
344 community (**Relat- Part 4c**) and for Georgia.

345
346 SS: Right.

347
348 KPB: We are not defined as a campus in that area. You know, what we do for others is not really
349 well defined (**Need- Ident 2a**).

350
351 SS: Right

352
353 KPB: And I think that's an opportunity. And I think that if the Mayor who's lived in this town
354 his whole life doesn't know what MCG does (**Need- Ident 2a**) and And he's a noted lawyer in
355 the area, in the state of South Carolina. Then we've gotta start there. I've never thought about it
356 until he was saying. He actually built the Sciendecker wing because it was the time between
357 graduating from school and taking his boards so he worked over there in construction. So, he
358 actually will tell you that he built Scentricker (laughing).

359
360 **SS: Do you think when you talk about the MCG community needs to not just be Augusta**
361 **but needs to be all of Georgia. Do you think that in this new initiative to be a top**
362 **research...or top university that ...does our community need to be broader than just**
363 **Georgia?**

364
365 KPB: (paused in thought). I don't know how it could not be. If we're going to be...if we're
366 going to be called Georgia's (emphasis) Health Science University then we need to be...our
367 community needs to be Georgia (**Relat- Percep 4b**). It was interesting enough, I read a little bit

368 about the history not too long ago and we were part of UGA at one time and then we branched
369 off (**Hist- Acad 1c**). So I thought that was real interesting.

370
371 SS: Right

372
373 KPB: Yeah, cause I was reading the thing about XXX XXXXXX saying that MCG has had a lot
374 of name changes...and I didn't know that. I thought it was MCG since back in the 1800s, you
375 know. And it was in the 1800s but not til the later part (**Trans- Name 3a**). You know, but I think
376 that if we are going to call ourselves Georgia's Health Science University then we need to have a
377 statewide plan (**Need- Ident 2a, Trans- Name 3a**)...

378
379 SS: Right

380
381 KPB:...cause we've got too many people that want to step up to that...

382
383 SS: Right

384
385 KPB:...yeah like Georgia (laughing).

386
387 SS: Yup! so we have kinda reference this but um, its no secret that we are changing from the
388 Medical College of Georgia to Georgia Health Science University. And I think that will take
389 place February 1st 2011.

390
391
392 KPB: Sometime in February.

393
394 **SS: What do you think...what do YOU think about the name change and whether it will**
395 **help or hinder our relationship with the community?**

396
397 KPB: You know, um, the lake that is here. It was always called Clark Hill. And there was a
398 presidential initiative to because it is on Georgia and South Carolina side. But, when it was on
399 Georgia it would be called Clark Hill. And it was going to change its name to honor senator
400 Strom Thurmond and the name would be changed and everything to Thurmond Lake. Now there
401 are still people that refer to it as Clark Hill (**Trans- Name 3a**).

402
403 SS: Um hum (in agreement)

404
405 KPB: and there are still signs that say Clark Hill. So I kinda think that changing this name. Its
406 just easier to say MCG then to try and figure out the acronym (**Trans- Name 3a**).

407
408 SS: Right (laughing)

409
410 KPB: And so I think I'm going to wait and see what the media does with it. A lot of people have
411 said that they didn't want to be called MUGA (**Trans- Name 3a**) or whatever and that almost
412 would have been easier to transition to then THIS. I don't know how they're...I don't know what
413 acronym they are going to come up with spitting that off after saying MCG for all these years.

414
415 SS: Exactly
416
417 KP: So I don't know. Its going to be interesting to see how the public does that. Or, even us. I
418 mean when someone asks you where you work what are you going to say (gesturing towards SS
419 indicating a response was needed) (**Need- Ident 2a**)
420
421 SS: MCG
422
423 KP: (laughing) see!
424
425 SS: then I am certain that I will have to say "MCG, well I mean Georgia Health Science
426 University".
427
428 KP: Yeah, yeah. Cause everything that I am writing now for grants and everything if its going
429 out in February then I am putting in parentheses former. The Medical College of Ohio did this a
430 couple of years ago to Toledo University and they still have former Medical College of Ohio. So
431 I think its going to take a while (**Trans- Name 3a**).
432
433 (ABBREVIATED INTERVIEW)
434 SS: I just want to thank you for your time. I know you are busy.
435
436 KP: My pleasure.....
437
438 End of interview. Recording stopped

References

Merriam, S.B. & Tisdell, E.J. (2016). *Qualitative research: A guide to design and implementation (Fourth edition)*. Jossey-Bass.