

**FAMILY MEDICINE
ORAL HISTORY
INTERVIEWER'S HANDBOOK**

Compiled by:

The Center for the History of Family Medicine

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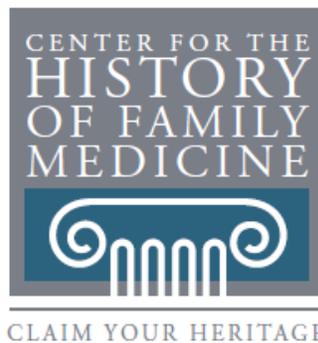
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**AMERICAN ACADEMY OF
FAMILY PHYSICIANS**

F O U N D A T I O N

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INTRODUCTION

Oral histories can play a fascinating and colorful role in the documenting of history. Anecdotes, jokes, stories and other recollections by individuals can often help bring the dry facts and outlines of historical events to life like no other resource available to historians. But producing a good oral history is a long and sometimes arduous process. It is not as simple as just grabbing a tape recorder and punching the “record” button.

This handbook has been prepared specifically to help beginning interviewers prepare for and conduct their own oral history interviews in order to document the history of family medicine in the United States, and to preserve the memories and accomplishments of the many physicians, educators and others who have been involved in the creation, emergence and evolution of America’s 20th medical specialty.

For more than a quarter century, the Center for the History of Family Medicine has preserved the history of family medicine through interesting and educational programs, exhibits and events. We believe that the Center is unique--the finest historical center on the history of the specialty in the nation. It is our goal to serve the membership of all family medicine organizations as a professional museum and research facility of the highest quality and with this in mind, this Oral History Interviewer’s Handbook has been prepared.

Donald J. Ivey
Manager
Center for the History of Family Medicine

FAMILY MEDICINE ORAL HISTORY INTERVIEWER'S HANDBOOK

I. ACT ONE—PREPARING FOR THE INTERVIEW

A. Step 1: Set Your Goals

1. *Decide on a research topic and evaluate potential interview resources.* Oral histories generally take one of three forms:

a). *Biographical narratives*- this type of interview records information about the subject's life. In most cases, oral history projects will focus on recording biographical narratives, but in some instances you may wish to pursue the two other main forms of narratives, namely:

b). *Topical interviews*- these combine recollections from a variety of participants on a single topic. In this case, it is the topic under discussion that is the main focus of the interview, not the interviewees themselves.

c). *Single event interviews*- for example, if you have an interest in the events of a certain medical conference or event, you could begin by examining the official programs, minutes or other records of that event, taking care to note any names that appear frequently as potential interview subjects.

2. *Examine secondary sources.* Look at secondary sources (i.e., published histories, etc.), chronologies, and other resources that will allow you to learn more about your subject, the area in which he or she lives and/or practices, and the events that have occurred during his or her lifetime. A good place to begin your quest might be at your local public library, or through the holdings of the Center for the History of Family Medicine, which contains reference files, published sources and other materials on family physicians or family medicine organizations. Start with the sample list of interview questions (see Appendix 1), and then add or modify these with questions you would like to have answered, or make a list of general events that you will want to discuss with your subject. From your knowledge of the topic which you have acquired through research, you can then tailor your questions to suit each particular interviewee or situation.

B. Step 2: Arrange the Interview

1. *Make the call.* During your preliminary contact, tell your potential interviewee about your interests. If your subjects have little knowledge of relevant events or refuse to consent to an interview, you should ask if they know of others who may have a knowledge of the topic and an interest in participating in your project.

2. *Explain your intentions.* During your initial conversation, many questions will inevitably arise: what will be discussed? Who will have access to the tapes? Where will they be located? Inform potential candidates of the subjects you wish to discuss during the interview session. Be sure to assure them that the interview will be friendly and informal in tone rather than confrontational. Your oral history interview session should resemble a friendly conversation rather than a tense, adversarial interchange that often occurs between journalists and their interview subjects a la “60 Minutes”. Also, avoid making any commitments that you may not be able to fulfill, and document any promises or agreements before the interview session begins. (As a side note, whenever possible it is always a good idea to approach a potential interview subject first through someone that they know rather than contacting them directly. On first meeting, subjects are often wary of strangers--especially when they are requesting an interview—so if you know someone who knows that person, try to make the initial contact through them first. Subjects are more likely to respond favorably to requests made through someone that they know and trust, and as first impressions can often be critical, it is always a good way to go.)

3. *Set an appointment time.* Reserve a quiet location where interruptions will remain at a minimum. If the appointment is more than a week away, then confirm your appointment interview with your subject via letter or e-mail and let them know that you look forward to the interview. Be sure also to mention the time, date, place and topics you plan to discuss in order to allow the interviewee to prepare. It might also be a good idea to enclose a copy of the interview questions that you intend to ask during the interview, and encourage them to review any photographs, scrapbooks or other materials they may have dealing with the subject at hand prior to the interview in order to give your subject time to prepare and reflect on his or her memories. (See Appendix 2 for a sample interview confirmation letter).

C. Step 3: Audio Cassette vs. Digital vs. Telephone vs. Video Recording

After setting a time and date with your interviewee, you will need to decide on the proper format for the interview. There are four major ways in which an oral history interview can be recorded: by audio cassette; by digital audio tapes (DAT); by telephone; and by video recording. Each of these formats will be discussed here in more detail:

1. *Audio cassettes.* Although digital media is rapidly gaining favor among many oral historians, the most popular format remains audio cassettes. Audio cassette recorders and tapes are relatively inexpensive and easy to use, although tape storage does not compare with digital formats.

2. *Digital audio tapes (DAT).* Digital recording media is fast gaining in popularity for use in oral histories, and though digital equipment is generally pricier than audio cassette equipment, it is easy to use and can record and store vastly longer interviews than audio cassette tapes.

3. *Telephone recording.* In this age of speaker phones, phone interviews are now very easy to conduct. The interviewee can be placed on speaker phone and the interview recorded. You do lose some of the face-to-face engagement that an in-person interview has, but as an easy and convenient way to conduct the interviews, the interview by telephone method is ideal. However, there is one caveat. In view of strict electronic recording/wiretapping laws that prohibit the recording of conversations without permission, interviewers must be careful to obtain permission from the subject to record the interview. Therefore, it is suggested that the interviewer prepare by doing the following:

a). Obtain permission to record the interview via telephone in writing from the interviewee prior to conducting the interview (this can be done by appending a statement to that effect onto the oral history interview release agreement);

b). Once the call is made and the subject is on the line, but before the tape starts rolling, the interviewer should verbally confirm to the interviewee that the interview will be recorded and should again ask for permission from the subject to record the interview; and

c). As an added measure, once the tape is rolling, the interviewer again should state that the interview is being taped, should confirm with the interviewee that permission was given by the subject prior to the taping and should again ask, on tape, for permission from the interviewee to record the interview.

4. *Video recording.* Videotaping of oral history interviews—either through VHS or digital means—is another method of recording interviews which offers both advantages and drawbacks over the other formats. Videotaping the interview offers the advantage of recording the interviewee’s words, likeness and emotions. This makes it of particular value if one of the overall goals of the oral history project is to produce a video documentary, exhibit, or other graphic presentation. It is especially valuable for producing “show-and-tell” and tour-type presentations. But there are some drawbacks to using this format as well. For one, videotaping requires

additional resources (a tripod, lighting, etc.) and technical expertise. Also, the life spans of some videotapes may also be somewhat less than audio tapes. And finally, many interviewees will be uncomfortable being in front of the camera, which may in turn affect the outcome of the interview.

In sum, when considering what is the best option for you to pursue, remember that it is really a question of whatever is the easiest and most convenient format for you to use, and what both the specific immediate and the ultimate long-term uses for the collected interviews will be.

D. Step 4: Before You Leave Home

1. *Do your homework.* Formulate an outline or a variety of questions based upon your research. Avoid tightly written scripts that will make the interview session rigid. Instead, select questions that fill gaps found in the historical record. For example, instead of asking a longtime employee of a family medicine organization to name all of the past chief executives of their organization (information that should be available through the organization's records), ask the employee to describe how each chief executives' policies affected their work, and if they knew that person personally and if so, what they were like. Use the interview as a way to obtain "inside information" or "color" unavailable from other sources, or for clarification when different resources offer conflicting accounts.

2. *Make sure you have everything you will need before leaving for the interview.* Assuming that audio cassette equipment will be used as part of your oral history project, the following materials are recommended:

- a). One (1) audio cassette recorder with instruction manual (preferably a hand held, voice-activated model, such as a Sony TCM 80V or equivalent);
- b). One (1) power supply cord for the recorder that can be plugged into any standard electrical outlet;
- c). Two (2) sets of rechargeable batteries compatible with your recorder (for use in case an electrical outlet is not available in the area where the interview is being conducted);
- d). Battery re-charger with instruction guide;
- e). One (1) external microphone (in most cases, your cassette recorder will be equipped with a high-quality built-in microphone that should be sufficient for recording conversations

between two people. However, if your interview will involve a group of persons—say, three or more—you may wish to use the additional external microphone. For the Sony TCM 80V model, the Sony CCM 68 external microphone is recommended);

f). At least six (6) C-60 (60 minute; 30 minutes per side) audiocassette tapes (note that C-60 tapes are preferred over the longer C-90 or C-120 tapes, which tend to have a shorter lifespan);

g). This Oral History Interviewer’s Handbook, with forms;

h). One notepad and at least two (2) pens or pencils;

i). Your written list of questions to be asked during the interview;

j). A carrying case for all of the above (it is recommended that for ease of organization and convenience, a separate carrying case be used for these materials); and

k). Any additional materials--research notes, a watch or clock, photographs, scrapbooks, newspaper clippings or other material that may be helpful to either you or your subject during the course of the interview.

II. ACT TWO—CONDUCTING THE INTERVIEW

A. Step 5: Before You Press That “Record” Button

1. *Set up and test the equipment.* Does the cassette recorder work? Is the tape in the machine? Do a test recording to confirm that the recorder is on and working properly. Also, if your machine has a tape counter, set it to “0” before you begin.

2. *Place the interviewee at ease.* Take the interviewee to a quiet place away from unnecessary interruptions. Try to set aside some time to meet the interviewee on a one-to-one basis before beginning the interview. Third parties—whether spouses, friends or relatives—may distract the interviewee. If your subject seems nervous or uncomfortable, reassure them by letting them know that being nervous at the start of the interview is normal and very common; you may also want to “hide” the machine in an out-of-sight location, or start the recorder and talk about mundane matters at the beginning in order to loosen them up a bit: the weather, a recent news or sports event, or some other item that will help to “break the ice.”

The importance of making your subject comfortable before the interview begins cannot be overemphasized! The very success or failure of the interview will hinge upon the rapport you establish with the interviewee before the tape even rolls, usually within the first few minutes of your meeting. So be sure to take the time to establish the right atmosphere for a good interview.

3. *Have the interviewee complete and sign an oral history release form.* By signing this form, the interviewee is granting you permission to record the interview (as well as to make any photographs during the session), and is giving to the Center for the History of Family Medicine all right and title to the interview, including copyright, for purposes of “reproduction, distribution, preparation of derivative works, public performance and display.”

B. Step 6: The Interview Itself

1. *Identify yourself on tape.* When starting the tape, allow five to ten seconds of silence, then identify the context of the interview. For example: “This is side one of tape number one of my interview with Dr. John Smith, former family physician from Anytown, USA. My name is Tom Jones, and I am conducting this interview on November 5, 2005, at the home of Dr. Smith, located at . . .” Biographical questions will then normally follow such introductory remarks. (See Appendix 1, sample interview questions for more details.)

2. *Foster a free and open exchange through your questions.* Ask only one question at a time and keep it brief in length. Be sure also to establish a strong rapport with the interviewee before asking questions of a delicate or controversial nature, and formulate your questions in a way that will encourage honest, detailed responses. For example, don’t ask “I thought that Dr. Doe was a generous and kind person. What did you think of him?” Instead, ask, “Despite Dr. Doe’s strong support within the medical community, I understand from others I have spoken with that he was a difficult person to work with. What is your reaction to that statement?” This assertion allows the doctor’s supporters an opportunity to offer a lengthy and illuminating response to rebut this assertion, while critics will probably reply by expanding upon your statement.

3. *Be sure to include open-ended questions.* Your questions should include general, short answer questions (e.g., “What year did you enter medical school?”) as well as broader, open-ended questions (e.g., “How has the field of medicine changed since you graduated from medical school?”) Although you will certainly have some general biographical and topical questions that you may use in future interviews, you should also think about specific questions that address each interviewee’s personal experiences and unique vantage points.

4. *Do not steal the show.* You should allow the interviewee an opportunity to tell his or her complete story, rather than trying to force them into a balanced dialogue. Remember to keep the subject as the focus of the interview; do not use the interview as a place to flaunt your own knowledge or opinions. Remember, your interviewee is the subject of the interview, not you! Avoid wasting this rare opportunity to preserve someone's memories by becoming a compulsive talker or an overbearing director. A good rule of thumb to go by is that if you are doing most of the talking during the interview, you need to change your approach. Allow the interviewee to do most of the talking. Compulsive talkers ask lengthy questions or offer thorough commentary, thereby forcing the interviewee to compete with the interviewer for air time. Directors ask leading questions that encourage interviewees to offer only those responses that reaffirm their own world view.

5. *Feel free to deviate from your script.* Spontaneity adds zest to the interview and may rekindle otherwise forgotten memories. Show interest and listen carefully. You must play a delicate balancing act: allow the interviewee to pause and reflect, yet try to keep the interview on track. *Never* blurt out your next question at the first moment of silence, but steer the conversation away from long-winded responses that venture far from the subject at hand. Interrupt occasionally with new questions or guiding comments that arise during the course of the interview, but never interrupt the flow of a good story! For example, to get an interview back on track and to get an answer to a question the interviewee seems to have avoided answering completely, you may say, "That is very interesting, Dr. Smith. However, before we move on, could you tell me more about your first assignment during your residency?"

6. *Respect the opinions of your interviewees.* Be prepared that your subjects may express views that conflict with your own beliefs. If this is the case however, avoid imposing your standards or values or giving criticism. By challenging the value system of your subject or trying to convert them to your set of beliefs, you will only end up wasting valuable interview time while alienating your participants and discouraging them from sharing their reflections in an honest and open manner. If you believe that an account is not accurate, instead of saying, "You're wrong, it should be x . . .," you might say, "I have heard something to the contrary about that . . ." Such a response does not directly challenge or seek to antagonize the subject, but instead gives them an opportunity to provide further clarification. If discrepancies still remain, compare the interviewee's statement with information garnered from other sources after the session has ended. Remember, the subject's statement may be an inaccurate representation of the larger picture, but a truthful recollection of what was witnessed or experienced from that individual's limited perspective.

7. *Keep the interview "in the sunshine."* During the course of an interview, subjects may occasionally ask you to place personal information under seal or restriction until a later date.

While you must always respect confidentiality and “off the record” information, you should remind the interviewee of the value of their narrative and try to keep the recorder turned on for as long as possible. Oral history is ultimately of little value if present and future researchers cannot gain access to the materials. If the interviewee seeks to close or restrict access to the material-or if you believe some contents of the interview could place the subject in a compromising position-place the terms of the restriction on the release form (see Appendix 4 for a copy of the Oral Interview Release Form). Make the period of restriction as short as possible and use specific language, such as “Closed until October 1, 2006.” Avoid vague and unenforceable stipulations, such as “Open only to qualified researchers with a legitimate interest.” (How do you differentiate between qualified and unqualified researchers, and what constitutes a “legitimate interest?” Creating stipulations such as these will only create more confusion.)

8. *Take copious notes and watch the tape counter.* While the tape recorder may preserve the verbal interchange, do not rely on it solely to capture the essence of the interview. During the oral history session, the course of the interview may generate other questions, ideas, or potential leads for new subjects or research. Listing names, places, dates, and themes of special interest during the interview-even your own reactions to the interviewee’s statements-serves several essential purposes: it gives you an opportunity to make note of important thoughts during long pauses in the conversation, provides an index to the flow and contents of the oral history session., and also provides an account of your reactions to and opinions of the interview for the historical record.

9. *Keep an eye on the time.* Do not lose the best part of an interview by forgetting to monitor the tape. Whenever possible, use a tape recorder with a timer or counter, so you can keep track of memorable quotes or changes in subjects under discussion. If your recorder does not have a counter, wear a watch so that you can write down the approximate time(s) of important portions of the interview. You may want to let your subject know the time limitations on each side of the tape before the interview begins so that he or she will be aware of this, and once the side ends, be sure to ask your subject to pause briefly while you turn over or replace the cassette once the side ends. Avoid asking deep, thought-provoking questions just before the end of the tape. After replacing the tape, remember to leave some blank tape at the beginning and once again identify the context of the interview, as well as the subject under immediate discussion. For example: “This is tape two, side two of Tom Jones’ interview of Dr. John Smith. Dr. Smith, you were just telling us about your early years as a resident. How did your patients respond to you during this period?”

10. *Avoid making extraneous noises while the tape is running.* Both internal and external microphones are sensitive, so try to avoid ruffling papers, shuffling feet or making other noises while your subject is speaking.

C. Step 7: Concluding the Interview

1. *Any final thoughts?* Before you stop the tape, give the interviewee an opportunity to share any thoughts or to have closure on any issues discussed during the course of the interview. Also, be sure to thank your subject for agreeing to participate before you end the interview session.
2. *Make sure that the interviewee has signed and completed the oral history release form.* As noted previously, by signing this form, the interviewee is granting you permission to record the interview (as well as to make any photographs during the session), and is giving to the Center for the History of Family Medicine all right and title to the interview, including copyright, for purposes of “reproduction, distribution, preparation of derivative works, public performance and display.” Receiving this permission is vital if the Center is to be able to use the interview in any exhibits, publications, or other projects in the future.
3. *Collect related items.* Often, the interviewee may have illustrative materials that might assist future researchers, such as clippings, printed materials, correspondence, photographs or even artifacts. If possible, ask the interviewee if he or she would be willing to donate any of these materials, or if this is not possible, if they would be willing to loan you these items so that copies could be made for the Center for the History of Family Medicine as part of your project. If the subject does consent to either donating or loaning the items, be sure to complete and have them sign the applicable Deed of Gift or Loan Agreement Form (Please see Appendices 5 and 6 for sample Deed of Gift and Loan Agreement forms.) Donating or loaning materials will add immeasurable value to the interview, and will also allow others to place the interview within its proper historical context. You may even want to take a photograph of the subject after the interview has ended, if he or she grants you permission to do so.

III. ACT THREE—AFTER THE INTERVIEW

A. Step 8: Safeguard Your Finished Product

1. *Label and secure your tape.* Immediately following your interview, place a label on both the cassette and its container that gives the following information: names of interviewer and interviewee(s), the date, the tape number (if you used more than one tape), and the approximate length of the interview. Listen to a few minutes of the tape to verify sound quality. On the top of the cassette, you will also notice two plastic tabs. Remove these tabs from the tape to ensure that you never can accidentally record over the interview.

2. *Store the tape in a safe place.* Never keep audiocassettes-or any other media items, for that matter- in areas where they may encounter excessive fluctuations in temperature or humidity, direct exposure to sunlight, or electromagnetic radiation. Place tapes, computer disks, and other volatile media in cool, dry areas away from natural pollution (such as dirt and dust) and electronic interference, such as from magnets, microwaves, vacuum cleaners, etc.

B. Step 9: Make Copies of the Tape

1. *Make at least three (3) copies of each tape.* The original (master) and one copy of the tape will be deposited in the permanent collection of the Center for the History of Family Medicine, and one copy will go to the interviewee (upon request). If you would like to make a copy of the tape for your own records, please do so now as well. Blank tapes are available through the Center for the History of Family Medicine.

2. *Send a complimentary copy of the interview tape to the interviewee, along with a letter thanking them for their involvement in this project.* (See Appendix 3 for sample thank you letter).

C. Step 10: Make an Index of the Session

1. *List the contents or major subjects discussed on the tape.* Drawing from your written notes, you should compile a rough index of the session as soon as possible. For example, an index of the interview based on time segments would appear as follows:

<i>Min.</i>	<i>Side one of tape</i>
:00	Biographical information; childhood information
:11	Early education through undergraduate school
:14	Medical School education
:23	Residency training
<i>Min.</i>	<i>Side two of tape</i>
:00	Residency training (continued)
:08	Military service
:15	Private practice
:20	Involvement in AAGP/AAFP
:26	Concluding remarks
:29	End of interview

D. Step 11: Delivering the Finished Product

1. *Submit the master (original copy) of the tape, together with one (1) copy to the Center for the History of Family Medicine.* These tapes will then be deposited for safekeeping and eventually transcribed as a permanent part of the historical record.
2. *Provide an original copy of the oral history release form(s) and written indexes when you submit your audiocassettes to the Center.* This documentation will then be kept at the Center along with the oral history interview.
3. *Type up any notes you took during the interview and submit a copy of those to the Center also.* These may contain important insights and add a new dimension to the taped interview, so be sure to share them when you submit the recorded interview.
4. *Submit any donated or loaned materials from the interviewee, together with the original signed and completed deed of gift or loan agreement(s).* These materials will then be evaluated, copied and/or added to the permanent collections of the Center for the History of Family Medicine.

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Internet Resources

Oral History Association: News on annual conferences, ordering information for publications, and links to oral history centers throughout the world, available at <http://www.dickinson.edu/oha/>

Oral History List Serv: Links to centers, methods, projects, state and regional oral history associations, available at <http://www2.h-net.msu.edu/~oralhist/>

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APPENDIX 1: SAMPLE INTERVIEW QUESTIONS

Basic Biographical/Family Data

Would you please give your name in full?

What is your present title?

When and where were you born?

What are your parents' names?

What did your family do for a living?

Are you married? If so, what is your spouse's name, how did you meet your spouse, and when and where were you married?

Do you have any children? If so, what are their names and when and where were they born?

Where did you grow up?

Did you have any role models when you were young?

Did you have any special dreams or goals when you were young?

Do you have any stories from your childhood that you would like to share with us?

Education

Where did you go to high school and what were your early years in school like?

Where did you complete your undergraduate work?

What was your major in college?

What did you hope to do for a career?

Do you have any stories from your undergraduate years that you would like to share with us?

What made you decide to seek a career in medicine? Family medicine?

Where did you go to medical school?

Describe your early medical school training. Do you have any stories from your years in medical school that you would like to share with us?

Where did you do your residency and do you have any stories from those years you would like to share?

Military Service (if applicable)

Did you serve in the Military?

When did you go into the service?

Why did you decide to join?

What branch of the service did you go into, and why did you decide to join the service?

Describe your initial military training.

How long were you in the service?

Where did you serve?

Did you see any combat service, and if so, would you be willing to tell us a little about your experiences?

Tell us a little about your experiences while in the service. Overall, did you find it to be a positive or a negative experience, and why?

How did [World War II and/or Korea, Vietnam, Persian Gulf War, Iraq War, or other conflict, if applicable] affect your life?

Career in Family Medicine

What was the world of medicine/family medicine like when you finished your residency?

What was your first position out of medical school?

Why did you take it?

Why did you leave it?

Can you describe your experience in private practice?

What other positions have you held throughout your career and what duties were involved with those positions?

What unique challenges did you face? What were the barriers/obstacles you came across?

How did you learn what you needed to learn to help you in your work?

What was the position that you enjoyed the most in your career and why?

What was the position that you enjoyed the least in your career and why?

In what position do you feel you accomplished the most?

What was the toughest decision you had to make in or about your career?

What were your biggest satisfactions from the experience of working in medicine?

What were your greatest disappointments?

If you could start all over again and do things differently, what would you change?

What do you feel you did right and why?

What do you feel you did wrong and why?

Who are the people you have worked with most closely? Tell us your impression of these individuals. Who most impressed you, and why?

Did you have to travel much in your career and do you have any travel stories you would like to share with us?

For Directors/Residents/Faculty

You have been involved in education in various ways. Could you describe those experiences?

What was the name of that program?

Why and when was that program selected to be a family practice residency program?

What were the politics or determining factors that were behind this selection?

Describe the feeling "in the air" as the new program began at your institution the first year.

Who were the initiators and why? Who helped get the program off the ground?

How long did it take to get the program off the ground?

How has it grown since then?

If your program is closed, why?

Tell us a little about the patients you treated in your program. Who were they and where did they come from?

What unique challenges did you face? What were the barriers/obstacles you came across?

What or who did you draw on for ideas/experiences?

Who were the first residents, and why did they choose your program?

Tell us about the first faculty members in your program.

How was the program financed?

How did you learn what you needed to learn to help you in your work?

What was the world of medicine/family medicine like when you were a resident? Did it affect the program? And if so, how?

What was the residency program you attended like as opposed to the program you are involved with now?

Did you run into any surprises along the way? If so, what were they and how did you deal with them?

What was the toughest decision you had to make about the program?

What was your biggest satisfaction from the experience?

What were your greatest disappointments?

If you could start all over again and do things differently, what would you change?

What do you feel you did right and why?

What do you feel you did wrong and why?

Did the program turn out the way you thought it would? Why or why not?

Did you run into any surprises along the way when the program started? If so, what were they and how did you deal with them?

Are there any other stories from your education work you would like to share?

For Members/Employees of Family Medicine Organizations

You were involved in a variety of other Medical organizations. Do you have any stories from your experience with those organizations or any other organizations that you have been involved in that you would like to share?

You have taken part in numerous committees. Do you have any stories from any of your experiences on any committees that you would like to share?

What committee was most memorable and why?

Why did you apply to the organization for a job?

What was the job you originally applied for, and who did you interview with?

Tell us about the various positions you have had within the organization over the years. What were the duties of each position?

Which job did you enjoy the most, and why?

Which did you enjoy the least, and why?

What were you able to accomplish in the organization? And what are you proudest of having accomplished there?

Who were the people you worked with most closely in the organization? Tell us your impression of these individuals. Who most impressed you, and why? Who least impressed you and why?

What was the work environment and culture of the organization like at the organization when you first started there? How did it change over the years?

Looking back over your years with the organization, what are your fondest memories and why? What were your darkest days here, the most difficult times, both for you personally and for the organization, and why?

What do you feel the organization is doing better nowadays than it was doing when you first started here and why? What do you feel the organization is not doing as well as it used to, and why? And what advice would you give to new employees here so that they might be successful here?

Philosophical

How has family medicine changed over the years since you have been a family physician?

Do you recall when family practice became a specialty? What was the feeling "in the air" at that time among your colleagues and fellow employees?

What is your sense of where family medicine is going in the future?

Any views on important issues in the specialty that we have not addressed here that you would like to share with us?

What is your opinion of the state of health care in America? What do you think needs to be done (if anything) in order to fix the system?

What, in your view, are the qualities that make for a great family physician?

What achievement are you most proud of and why?

You have held leadership positions at various times. Describe for us your style of leadership and your philosophy of management. How did you come to develop this over the years?

What was the toughest decision you had to make in or about your career?

What were your biggest satisfactions from the experience of working in medicine?

Looking back over your career, what are your fondest memories and why?

What were your darkest days, the most difficult times, both for you personally and for family medicine, and why?

What do you plan to be involved in after you retire?

Tell us about the people who have most touched your life over the years. Who were they and why and how did they affect you?

Any last thoughts you would like to add? This is your opportunity to share your thoughts with future generations listening to this tape, or to set the record straight on anything you feel might be important to address.

**APPENDIX 2:
SAMPLE INTERVIEW CONFIRMATION LETTER**

[Date]

[Name & address]

Dear **[insert name]**:

Per our recent conversation, I am writing to confirm our appointment for an oral history interview on **[insert day, date and time]** at **[insert location]**.

Also, in the days prior to the interview, I would encourage you to look through some of your old files, photo albums, scrapbooks, etc. It's a good exercise to help jog old memories and to get you in the right frame of mind to stimulate thought and discussion. If you have any documents, files, photos, scrapbooks, etc. that you would like to have with you to refer to or to share, that's a great idea also.

I am also attaching some standard questions that I ask. I am sending this to you ahead of time just in case it might help you to prepare.

If you have any questions, just let me know. I look forward to meeting with you, and I look forward to our conversation.

Sincerely,

Interviewer

Enclosure

**APPENDIX 3:
SAMPLE INTERVIEW FOLLOW-UP THANK YOU LETTER**

[Date]

[Name & address]

Dear **[insert name]**:

On behalf of myself and the Center for the History of Family Medicine, I would like to sincerely thank you for taking the time to participate in the oral history interview session which we conducted on **[insert date]**. Future historians, students and researchers of the specialty of family medicine owe a great debt to you, and your involvement in this project will be appreciated for many generations to come.

[Insert this paragraph if the interviewee has requested a copy of the interview tape(s)].

Enclosed you will also find a copy of our taped interview session, which I am sending per your request for your records. With your signed release of this interview which you provided to us previously, this tape will now be made available to students, educators and researchers of the history of family medicine through the Center for the History of Family Medicine.

Again, than you for your generous contribution to preserving the historical heritage of family medicine in America.

Sincerely,

Interviewer

Enclosure **[if copy of taped interview is sent]**

**APPENDIX 4:
ORAL INTERVIEW RELEASE FORM**

**Center for the History of Family Medicine
Oral History Consent Form**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE(S) OF RECORDING _____

This confirms my agreement with you, the Center for the History of Family Medicine, to participate in an oral history recording interview ("the Interview").

I authorize you to photograph and record on videotape, film, audiotape, or in any other manner or media now or hereafter known, my appearance in the Interview. I acknowledge that all rights in and to my contribution in the Interview, and any reproductions thereof belong to the Center for the History of Family Medicine or its administering organization, the American Academy of Family Physicians Foundation.

I hereby convey and transfer to the Center for the History of Family Medicine, its successors, heirs and assigns, all rights, title, and interest in copyright which I may have or be deemed to have in said work and more particularly the exclusive rights of reproduction, distribution, preparation of derivative works, public performance and display. I understand that, only if I so designate and place restrictions on access to the Interview, only authorized persons, including employees of the Center for the History of Family Medicine, will have full and unrestricted use of the unedited version of the recordings. I understand that I will receive one copy of the oral history recording and one copy of the transcript that are produced from the recording if I so request to receive said copies. I also understand that these copies will not be immediately available and will be given/sent to me when they are completed.

The only conditions I place on this unrestricted gift are:

Signature of Participant

Date

Signature of Representative of the Center for the
History of Family Medicine

Date

**APPENDIX 5:
CHFM DEED OF GIFT FORM**

**Center for the History of Family Medicine
Deed of Gift Form**

DONOR INFORMATION:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

I hereby give, to the Center for the History of Family Medicine the property described below as an unconditional and unrestricted gift. It is my intention, by this gift, to convey to the Center for the History of Family Medicine all of my literary and property rights to said property, including any and all copyrights which I hold in the material. I authorize the Center for the History of Family Medicine to make these materials available to researchers, to reproduce, or to otherwise use or dispose of them as the Center deems appropriate.

DESCRIPTION OF MATERIAL: (Attach extra sheet if necessary):

ESTIMATED VALUE OF DONATION: (To be supplied by donor): _____

Signature of Donor

Date Signed

The Center for the History of Family Medicine hereby accepts the gift of the property described above on an unconditional and unrestricted basis.

Signature of Representative of the Center for the
History of Family Medicine

Date

**APPENDIX 6:
CHFAM LOAN AGREEMENT FORM (INCOMING LOANS)**

**Center for the History of Family Medicine
Loan Agreement Form (Incoming Loans)**

LENDER: _____ PHONE: _____
ADDRESS: _____
CITY & STATE: _____ ZIP: _____

BORROWER: CENTER FOR THE HISTORY OF FAMILY MEDICINE

LOAN PERIOD: FROM _____ TO _____

I hereby lend to the Center for the History of Family Medicine the property described below under the following terms and conditions:

1. Insurance - Insurance policies are not provided for loans to the Center for the History of Family Medicine. If insurance is desired, obtaining coverage is the sole responsibility of the lender.
2. Responsibility for Loss or Damage - The Center for the History of Family Medicine assumes no responsibility in case of loss, damage, theft, fire or otherwise.
3. Loss of Title - If the lender fails to pick up or fails to accept return of the loan material within six (6) months of the termination of the loan agreement, or unless some further written agreement is made, the loan materials shall, upon written notice by registered or certified mail addressed to the lender at the address given on the front of the loan agreement, be deemed an unconditional and unrestricted gift to the Center for the History of Family Medicine and shall thereupon become the property of the Center.

ITEM(S) & DESCRIPTION:

Signature of Lender

Date Signed

Signature of Representative of the Center for the
History of Family Medicine

Date

DATE RETURNED: _____
SIGNATURE OF LENDER: _____