Oral History Interview_Anne Lin
March 31, 2026
Participants: Paul Adams, Christopher Breiseth, Tim Gilmour, Anne Lin, and Jim Rodechko

Christopher Breiseth (CB): This is a project, as Paul's letter indicated, that goes back many years now, and it was organized by past presidents. We took each other's oral history, and we didn't think much beyond that. We thought that if we captured our history, it would be a critical contribution to the history of Wilkes. Then we began looking at some of the older people among faculty, staff, and trustees who we should capture while they were still alive. We've done over fifty of these now over Zoom. We will have a transcript of this that you can review. It'll be a reflection of your thoughts about your life, as well as about your time at Wilkes and St. John's. But these have been enormously pleasurable. They end up being like visiting with old friends. So you've given us an introduction that you came from St. John's to Wilkes and then returned there. That's a fascinating career trajectory. Why don't you talk about how you got to St. John's in the first place and your own background leading up to that?

Anne Lin (AL): Well, I earned both my degrees at St. John's. I earned my Bachelor of Science in Pharmacy because at that time, it was a five-year entry-level degree, and then I stayed on for what was the old traditional Doctor of Pharmacy degree which was two full calendar years I finished that, then I did residency training at Medical College of Virginia Hospitals in Richmond, and then I came back to New York. At that time, clinical pharmacy practice was really at its beginning stages in New York, and the best way to engage in advanced clinical pharmacy practice was to be in an academic position. I also developed an interest in teaching when I was a resident, too. So I went back to St. John's as a faculty member, and I was tenured here. Then an opportunity came along and I initially did not know who suggested I should be contacted but I later found out it was the department chair at Albany College of Pharmacy who had nominated me for the chair's position at Wilkes. My parents were in NY at the time, but they had just made the decision to move to Florida. Now, I'm the oldest of three girls, so I didn't feel like I had to be tied to New York at that time, as long as my husband was willing to move. I was excited about the possibility because higher education was changing. If you recall, in the late 90s, there was a whole movement towards student-centered learning, and I was really interested in doing that. I knew that I wouldn't be able to effect the change I thought was necessary if I stayed at the university as a faculty member. It was a gamble because I left a tenure position to go somewhere else. I remember when I told my colleagues that, one of them said, "Oh my gosh. Are you sure you want to do this?" But I did, and luckily, when I interviewed, I was offered the position. I will say this, I was thinking about this over the last couple of days, I think going to Wilkes was really critical in my career development for many reasons. St. John's is a very large place, so while I

did well there, I was still early in my career. I mean, I was put on university committees, but it is still a large institution. I had a lot of respect within the college, but I think if I stayed there, I probably wouldn't have the same opportunities as I did at Wilkes. Wilkes is a smaller institution, but it was challenging in other ways. But because it was smaller, and we were a new school, I still had the opportunity to engage, which gave me a broader perspective than if I had stayed at St. John's. It just wouldn't have happened the same way. So I do think that my involvement with the Faculty Affairs Council and other university things, like serving on the Presidential Search Committee when you were hired, Tim, helped me develop a perspective that I may not have received at St. John's. And then after Wilkes, I left to be a dean at Midwestern. I was their second dean because they were a relatively new school. And then from there, I went on to be a founding dean at Notre Dame. But I have a lot of fondness for Wilkes. Because we were smaller, it created opportunities for me to work with other disciplines and bring it into the College of Pharmacy. It also allowed me to try new methodologies in teaching that would have been harder to do at St. John's. I'll never forget when we instituted service learning within the school, in a way that met the need to provide care to the underserved, which I thought was really important to make an impact in the community. But that meant sending students to places they're not used to going. Well, in that inaugural class, there was a student who had a family member on the Board of Trustees, and because her environment growing up was different, she was not used to going to the places that we were sending her to. There were complaints to the provost's office, but I will always be grateful that Dr. Lennon said he wasn't going to step in. He thought what I was doing was what we needed to do, and in the entire time that I was there, we became really known as a school for that kind of work. It was also a tremendous learning experience with students, because that same student came back to me at the end of that year and said, “I know I fought you at the beginning about this, but this has been one of the best learning experiences I've had.” So those kinds of things were really helpful to me, and I made a lot of good friends there. I still keep in touch with Jane Elmes-Crahall, Brad Kinney, and Pam Stepanovich. I have maintained close friendships with them over the years. Pam was from the business program, and Brad was in communications, but that teaching team we had for those first-year students was great. It was business, communications, and pharmacy all coming together.

(CB): What do you regard as the innovation of the early program at Wilkes, in terms of the whole approach to pharmacy education?

(AL): So, when Wilkes first opened, that was when pharmacy education transitioned into a six-year program. Everybody had to do that. It was not a choice anymore. I strongly believe in the student-centered learning approach, which everybody talks about, but it's not so easy to do, especially if you've been doing the same thing over and over again. People are very much used to lecturing and doing all of that, but I think because we were new and I had the trust of the dean, I was allowed to bring in faculty to really infuse this student-centered learning approach. I will say this, though. When I interviewed for the position, I looked at the curriculum, and I said to Bernie

at the time, “I will only come if I have the opportunity to revise the curriculum,” and he said, “Yes.” So I came in June and started the curriculum revision process with whoever was there at the time. It was very traditional, and I felt we needed to do more. There were a lot of things about teamwork, so we were able to infuse that in, use a lot of active learning in the classroom, infuse service learning into what we were doing, and align search learning to be able to demonstrate how, as an institution, we were able to impact the community. Even though they were students in an academic institution, we needed to show them that they could have an impact, and then what they could do after they left us. It's not just when they're with us, but it’s also what we can do to set them up when they actually go out to practice throughout their career. It was about educating holistically and the whole person, and we pushed a lot of that. I will say, because I was nationally active in pharmacy education, I was keeping up with the trends of where higher education and health profession education were going. We were doing things even if it wasn't exactly required by the accrediting body, so by the time the new standards came in, we were all ready to go. I think the other great thing that I had the opportunity to do was develop a great team within the department. They may be young and inexperienced, but I really believe in faculty development, so I did a lot of that within the department. And then we grew to be a very cohesive team with the culture, which, from what I understand, still exists today. So that is something I'm really proud of.

Tim Gimour (TG): What you were able to accomplish is pretty remarkable. First of all, you were ahead of the national standards. Secondly, it's awfully hard to do that without substantial resources. Did you have the support and the resources you needed to make that conversion?

(AL): Not always! There was one time when the accrediting body came in again, and I didn't have all of the resources I needed, but I wasn't going to say that to them. My goal was to get us through the process. The team did pick up on that, though, and it was my understanding, in the exit interview with Dr. Breiseth and Dr. Lennon, that the team told them the university needed to provide more resources for me if we were going to be successful. After that, I did get a little more resources. I wouldn't say that we had tons of overwhelming resources, but you do the best you can within the circumstances. I mean, we worked really hard. Even as a department chair, I taught a lot because it was difficult to recruit faculty to the Wilkes-Barre area. We were also a new school, so until we got accredited, it was a challenge. So even though I had department chair responsibilities, I also did a lot of teaching. We had three years of what we call practice labs, which is nine hours, three times a week. I actually led and taught and developed that whole lab sequence, along with teaching other required courses, because we didn't have enough experienced people. We just needed to get the students ready. For example, in the practice lab, which was lots of hands-on learning, I had a new faculty member who created a draft of the lab session based on a template that I provided faculty would then create it, I would go over it with them, review it to ensure that it had the integrity that we needed, and then it would go out. We would also ensure that there was always communication after the fact, so that any changes that

need to go into effect the following year for the same lab, we would already have that feedback. So these were records we also kept so we could know from year to year, but that was a tremendous amount of work, given my administrative responsibilities.

(TG): Wow! That's probably the best description of building the airplane as it's taking off.

(AL): Oh yeah, it was! Plus, because we were hiring people and preparing the new curriculum, we were literally copying handouts before walking into class. We didn't have everybody we needed.

Paul Adams (PA): What year did you come to Wilkes, and in what year of the pharmacy program was that? How far along in its development did you come in?

(AL): I came in June or July of 1996, and the program's first class was coming that September. We had no practice person on the team. Everybody else was doing the basic sciences, so they didn't really have much understanding of the practice. Also, one of the other chairs has not been in academia. I remember taking them on a road trip to New York City to show them what practice is like in hospitals. The Wilkes-Barre area also didn't have a lot of advanced-level practices. That was the other big hurdle, because there was no pharmacy school around. I had to develop relationships with all of the healthcare facilities and convince them to take a faculty member and students. I mean, that was a lot of talking with people and developing that relationship. And we also needed to develop relationships with the nonprofits we were working with. I literally walked in in June and had to teach in September. I then left in 2004.

(CB): Was Bernie the dean when you were hired?

(AL): Yes, and he was still the dean when I left. I think he stayed until he retired.

Jim Rodechko (JR): How was it working with Bernie?

(AL): Bernie was very hands-off. He doesn't micromanage, thank goodness, because, at times, I think that would have been really tough. I had hoped that he would have provided a little bit more direction and vision for where we were going, but for me, he was very hands-off. As I said, I think I earned his trust pretty early on. If I asked to do something, he never really prevented me from doing it. That was really good.

[redacted]

[redacted]

[redacted]

(TG): That was a question I also had. Thank you for answering that. That's too bad, Anne.

(AL): I'm being very frank!

(TG): No, that's what this history is all about, to have people understand as fully as possible. It is particularly important given the remarkable achievements you had while you were at Wilkes. There was a tremendous amount of adversity, limited resources, and this interpersonal issue. I think all of us have had experiences with [redacted] that were, in one way or another, not totally satisfactory, so we can really sympathize with your situation. So when you were doing this revolutionary curriculum, were you able to do it? Obviously, it was done by your effort, so not to take that away, but it would seem to me that if you had established faculty who did not want to change, it would have been almost impossible. Did it help that you had younger faculty who you could work with?

(AL): I did. There are a couple of things, because even younger faculty come with experiences they've had from their own programs. It's not as if they were just completely blank, but that's why the hiring process is so important. I spent a lot of time trying to hire the right individuals with the right potential. They were all new. Most of them didn't come from experience. I mean,

later on, we were able to get one or two experienced people, but generally speaking, they weren't. So I hired people with potential who were willing and wanted to do something different, who could move forward, and who would be good team players. I was very fortunate that I hired hardworking, talented faculty who had trust in me to be able to bring them all together and move us forward. That's also why I knew it was going to happen, at least in that way, at St. John's, at the speed at which I wanted to go. There are faculty who've been there forever who don't want to change the way they teach, so it would have been much more difficult to do all of the changes if that's what we had. And I will be honest, there was a drastic difference between the pharmacy practice department and the pharmaceutical sciences department.

(TG): Oh, you could even visit and see the differences.

(AL): Oh, really?

(TG): Oh, absolutely. It was like night and day. You had this young, excited group who was ready to tell you about what they were doing. You would then go over to the other department, and there were some great people there, as you know, but it was not the same.

(AL): I mean, some of the younger people in [redacted] department, which also made him angry, were coming to me for guidance and mentorship. I always remember that I was able to get some external funding while I was there for a department retreat every year. We were small enough, and I had enough funding, where it was literally a three-day retreat. We'd go away, I'd take them to a bed and breakfast, we did a lot of team building, and we did a lot of work. There were always clear things that we had to get accomplished, we would come back, and we would implement them. Well, the joke used to be, "Yeah, Anne's department gets to go away to some nice bed and breakfast while we get lunch at [redacted] house." I was very deliberate in how I did the team building and the exercises that I chose, so when we came back, the bonds were even stronger. We usually came back on the day of our evening event for the school, so that people could see how cohesive a department we were. I'll never forget that people would always comment on that. I think we built a really good team there. I was very fortunate to have the right people on board.

(TG): Well, you picked him!

(CB): Since I left as the thing was just beginning to bloom, my impression was that the original difficulty in hiring people to teach transitioned into when you discovered national searches to bring people back to Northeastern Pennsylvania. We saw the opportunity for a first-class professional to be in their home area.

(AL): So, when Wilkes opened its school, it was one of five schools that opened up that year.

For a long time, there were only seventy-two pharmacy schools in the United States, but then five opened that year. After Wilkes opened, there were many more schools that opened, so the competition became greater for both students and faculty. There was this dramatic increase in the number of schools, and then there was the expansion of existing schools into other campuses. That was an explosion. So, yeah, we saw that over that period of time. It was not as dramatic initially, but by the time I was leaving, it was really taking off. I think a lot of the institutions saw pharmacy as the way to bring in revenue without fully understanding what it took to actually run a good school for it. It's also an expensive venture as well, especially as the time and technology changes through the years. There were just lots of things happening.

(CB): I had a board meeting in the summer of '92 where we made the decision to go ahead with it. The two key guys were Bill Robb and Wayne Yetter. Bill, of course, had been the deputy head of NIH and also the top scientist on the president's committee. Wayne had been the founding CEO of Astra Merck. They came in for a Saturday meeting, and we laid out millions of dollars to invest in this program. The two of them looked at the healthcare situation, which they saw from an international perspective, and said that Wilkes was ideally suited with its pre-med tradition and strong science research foundations. That was probably my most traumatic board meeting. Board members were really asked to step up to the plate in ways that I had never asked them to do before. And it was those two guys, who were both board members at the time, who really persuaded them. So we made a multi-million-dollar commitment. It left my knees shaking, but they persuaded me. I was also persuaded by Umid Nejib and Mike Lennon that we could pull it off. We were nowhere near finding Bernie Graham at that point, but it was a leap of faith. I think, as I've said in my own oral history and in my book, the biggest decision I made at Wilkes was to start the PharmD program.

(TG): It was a good one!

(CB): Anne, you're in such a wonderful position, given the diversity of responsibilities you have for different aspects of the healthcare system at St. John's. I want to ask you some questions about where you see our healthcare system going, both from the point of view of a citizen, but also from the point of view of the institutions of medicine. As you are preparing students and younger faculty to position themselves for where we're going, what kind of things are concerning you?

(AL): In the United States, we know that it is so difficult to change from a healthcare system that is focused on treating disease versus on preventive care. It is so difficult because it's not where the money is. That's the problem. Also, while it's better today, there's still a lot of work that healthcare providers need to function effectively as a healthcare team, but we still see issues with that. Interprofessional education is very important and has come into the accreditation requirements for nursing, medicine, and pharmacy. Pharmacy was one of the big founding

groups for the IPEC (Interprofessional Education Consortium), which creates competencies. But the problem is that people don't just naturally know how to work on teams, because being an effective team player actually requires skill sets. Another part of the issues that we see within the healthcare system is that there's this hierarchy of providers, and people are unwilling to challenge it even when it's for the benefit of the patient. There is, for example, something called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety), which was created by the Department of Defense. It is a model for how teams need to function and work together, but you need to be learning how to do that when you're a student. It's too late to learn it if you're out in practice. While there's certainly been a lot of movement in those areas, there's still a lot of work that has to be done to teach students how to function as a team when they actually go out into practice. And the challenge with that is if they don't see it in practice, it's hard for them to take what they're learning in school and apply it. For students to have that ability, it requires us to do some structural changes in how we function within healthcare systems. So I think that's still a challenge today. We know medication errors occur because teams are not working effectively together. There's plenty of data to show that. There's even been National County Medicine reports that have shown what we need to do, but we still haven't reached exactly where we need to be. We have to make preventive care more focused. It's much more expensive to treat illnesses than if we were to prevent them in the first place. The hard part is that people who go into preventive medicine don't make the same kind of money as people who go into surgery or specific procedures. Those incentives are still not quite aligned with where we need to go. I think those are going to continue to be challenges.

(TG): You'd be interested to know, I have a grandson who went to UC San Diego with the idea of going to medical school, and he's thinking very seriously about doing the physician's assistant (PA) program. The advice he's getting is that it's a lifestyle issue.

(AL): It is. It's very rewarding, but there are limitations to what they can do. They have to work under the auspices of the physician. They still get to work with patients, but it's a little bit different from being a physician. PAs have evolved over the years. They started out as being very technical, but that has also changed. They're trying to expand their scope of practice even more, but the length of training is what sometimes draws people to make the decision between medical school versus that of a PA program.

(TG): I think that's part of his decision as well. His parents are happy to send him to med school, but he's concerned about the investment they have to make. It's interesting to see that decision process.

(AL): It is. There is a physician shortage, particularly in primary care, so if that's what they want to do, then I think it's a good pathway. We need more primary care physicians, but it's hard. Again, pediatrician's, family physician's, and primary care physician's earnings tend to be less

than the specialty areas, so it's difficult to get people into those practice areas.

(PA): Did you see the article in *The Washington Post* today that highlighted graduate degrees in pharmacy as one that has the best return on income investment?

(AL): I didn't see the Washington Post, but there was something similar in *Inside Higher Ed*, so I did read about that. I think what most people don't realize about pharmacy is that it's a great degree because there are so many opportunities. Everybody thinks of practice, and it's absolutely true that there's the practice component, but there are also so many other career opportunities that exist for someone with a pharmacy degree that people don't realize. I mean, we have graduates in this college who have been given jobs from companies as they move into the AI space. As a matter of fact, there's a graduate at this college who has several companies that look at health technologies, and we were proud to partner with him to do a research project on an avatar that they've created that can speak thirty different languages. It's very human-centered in its approach in that it can express sympathy and do all kinds of actions. So you can even do clinical research at the NIH or the FDA. Pharmacy is a great degree, and unlike many years ago, most people don't stay in the same positions. They can go from being a staff pharmacist when they first graduate, and then move to the administrative track. We have pharmacists who are now high-level CEOs of hospitals, which in the past was probably not the case. So you have that, but you also have people who open their own companies, people who move into the public health service, and even people who are assistant surgeon generals. There's just so many different opportunities that most students don't even know about when they go into a pharmacy program.

(CB): Annie, what are some of the things you're doing at St. John's to promote this collaborative ethos among the different disciplines, and where does AI fit into this?

(AL): I did a lot of work on interprofessional education at Notre Dame of Maryland University. Hopkins does not have a school of pharmacy. They're medicine, nursing, and public health. This is now over twelve years ago, but when IPE was coming, I worked with them to form the IPE Collaborative. It includes pharmacy, public health, medicine, and nursing. Then we created these IPE workshops to bring all of our students together. It was required for all of the programs. I was doing some of that work at Wilkes, but it was very early on in those days. The IPEC didn't exist yet, but we knew about it, so we were doing it in our rotations. Here at St. John's, I'm trying to bring the same thing together. We have these programs, but they were very siloed when I first came. There was a culture here that I had to change, and I'm still working on that. We just finished building a new health sciences center, so if you're ever in this area and you want to see it, please come by! I would love to show you. It's a 70,000 square foot, $106 million project. When I came on board, they had already broken ground, but luckily, I was able to make changes to the spaces before it was too far along. Some of the things that they had did not make sense! In there, we have a high-fidelity simulation center, which has a labor and delivery room, a critical

care unit, an adult inpatient unit, a pediatrics room, a long-term care nursing home, three physician offices, and debriefing rooms. We use these simulations to teach students, and we hire actors, called standardized patients, to work with them. It's the perfect venue to bring these programs together and to develop interprofessional education opportunities. Now, I do think there are a few people here who truly understand what IPE is. It's not just bringing these students together to solve a clinical problem, although that's the goal, but it's to understand how they actually work together in practice. So we're infusing some of that into the programs now, but the challenge is finding the time. What I know from every place that has it, and from my work at other places, is that it has to take place outside of normal class time. When I was in Maryland, ours would run from six to eight o'clock at night. That's the only way it worked, because everybody had different schedules. So we're bringing some of that here to show them how to have that team. We have the nursing, PA, and pharmacy programs here, which is perfect, but blending in the CLS (Clinical Lab Scientist) and Radiological Sciences programs have been a little bit more challenging, because they're usually not the patient-facing care providers. So we're doing that, and as for AI, about two years ago, I formed an AI task force within the college from two perspectives. One is the use of AI in healthcare, which is really important since AI is actively being used in practice. The other is AI in teaching and learning, because faculty have to face both of those. We have to get our students ready to go out into the workforce and to know what's coming, and then at the school, we need to figure out how we're going to use AI to support student success. So after we formed that task force, the university created a group as well, so we're working both ways. We have already brought in some of the technology. Right now, part of the new building we created is a virtual reality room where we are using virtual reality to teach anatomy. The next step is to bring virtual reality into immersive technology so we can do some clinical decision training, because that's using AI as well. I've also launched an annual college retreat, because it's not about content from their discipline, but it is about what binds all of us together. That is effective teaching and learning. A lot has been focused on where education needs to go, what things we have to think about, and how we infuse technology where it makes sense. So AI is throughout all of that, and then we are also focusing on developing AI competencies for all of the programs. This is my third year on our AI task force with the American Association of Colleges of Pharmacy. We are looking at AI use in healthcare and AI in teaching and learning, and we are continuing to do that. I'm excited for this year's retreat because I'm bringing someone from the University of Georgia who has been doing some things on immersive technology. I need to have the faculty be exposed to that and understand what's out there so that we know where to go next. That is then going to be coupled with competency-based education. Now, we're not going to be doing competency-based education tomorrow, because that's a whole philosophical change. The profession as a whole needs to come to grips before you can really, as a single school, do it. But there are elements of competency-based education that are important to support student success and learning, so the question is how do we even take those pieces, embed it into what we're doing, and then tie that to the overall assessment of continuous quality improvement? So everything has to connect, but the infusion of that is the use

of AI. I also sit on the Argus Commission for the American Association of College of Pharmacy, which is composed of the last five presidents of the association. I was fortunate to have been elected president of the association a couple of years back, so I am the chair of the commission this year. One of the things that we're doing is looking at how schools are going to be using AI to support individualized student learning. If a student fails something, they may be missing pieces of it, but it might not be the whole thing. It's important to ask if it is really a good idea to repeat all of it. That's what has always been done. They repeat the course over and over, but we're not understanding where the students' specific deficits are. So AI can also be used to help support some of that now. The university is looking at some of these things too, but specifically in the college, we are deeply looking at that. Now, I will say, this is why I know I have to start early on these projects. I have a lot of faculty who have been here a long time. Some were even here when I was a student here, so getting them to rethink what happens in the classroom will take some time. I know I have to lay the groundwork and keep building, repeating, and showing it in different ways so that they can see how it all works and how it is going to be important for students. I'm going to have some early adopters, as you always do, and then I'm going to have some late adopters, but I have to start. The way I look at things is that every time I don't do something, I feel I'm losing another class of students. I haven't been able to teach them the things that matter. That's what pushes me, so I'm going to push people to get to where we need to go. What I keep reminding people here is that we are here to educate students in our health profession programs to provide the best healthcare. They are going to be the providers who're going to take care of people like you and me. That's why we're doing this. It's difficult to do, but we have to put egos aside and figure out how to work collaboratively together to get there. Unfortunately, that is a huge culture shift in this college. This is my fourth year here now, and I think I'm starting to shift some of that. There were people who had been wanting that, so now I'm bringing people along, but part of that is helping everyone to develop and understand so they don't feel threatened by what's happening.

(TG): This is really extraordinary, Anne. I am so delighted to be with you. In terms of looking at AI and its application, I'm with you on everything you've said, but what I can't describe to someone is exactly how this is going to look in a college setting. What you're really saying is that we want our students to learn against outcomes, and we're going to provide them with whatever experience they need. We're going to fill in whatever gaps they have to get to those outcomes. I hope I got that right. How close are you to knowing what the stuff in between is?

(AL): I mean, it has evolved so fast, even since I started conversations two years ago, in terms of what's available now. I will say that as an institution, we have signed on with Grammarly Superhuman, which they're beta testing. So, for example, as I said, the fallback has always been that if a student fails a course, they repeat the class. We're not actively working on the issues, but instead we're waiting for them to fail the class before we do anything! There's so many different tools out there that can help students identify where their areas of weakness are and create

activities that would help them learn that material. These activities are going to be different for each person, because what I don't understand, you may understand perfectly well. Teaching can't be one size fits all, and now we have the technology to help with that. But we do have to be careful to use it appropriately. I always say technology is not a substitute for human connection, because it can never be, particularly in the health professions. It is the ability to connect with other human beings that makes us good healthcare providers. It's not just what we know and what we can do. So that's part of it. For example, we use a product called ExamSoft, which didn't exist in the past. It allows us to tag all of our exam questions to Bloom's Taxonomy, because we do want to look at how we're doing. It allows us to tag it to the learning outcomes for the program and to domains on the license exam so that we can run analytics after an exam. I'm not saying this is happening everywhere, because when I came, they were only using it in a small way. I pretty much said, "Everybody's going to use it. You don't have a choice. You're going to do it." So we look at the analytics and find where, as a cohort, the students are struggling, so that I know how to fix that on a higher level, but also see the struggles for the individual students. We're able to say to them, "This is where we think your struggles are." What I ultimately want to do is let an individual student say where they are having difficulty. Can they recall information really easily, but have difficulty at the high levels of learning? That is what we need to know, and that's how some of this technology is coming into play. So it all depends on what you're doing and what you're trying to accomplish, but AI can be integrated into all different parts of the institution.

(TG): Hypothetically, if I were a student who was starting school to be a pharmacist, would the learning processes still look a lot like they did, or would they really be significantly different?

(AL): You're still going to have some elements of what we do, but then you're going to have some different elements. Some will be in the background, which you might not even know about, and others could be very visible, like how we use AI to teach in the classroom. We're not with the student twenty-four hours a day, so how do we continue to help them get support and to be able to do things when we're not with them? It's about figuring out how technology complements learning, and it can be used along with us, but not as a substitute for us.

(TG): Boy, you're really far along.

(AL): And I still have a long way to go to get it all to come together!

(TG): Keep going, Anne! If anybody can do it, you can do it.

(CB): My youngest daughter has a website for English language learners, funded by the AFT, focused on immigrant kids and how they're learning. She's doing webinars nationally, and what we talked about was exactly what you're talking about now. How do you use AI to individualize

learning for a child who has a particular learning disability? Where can you get specific help for that child in that area? My daughter and I were talking about Mississippi, and they are making great strides with the whole population, starting with preschool. As a state, they've made a commitment to improving education rates, and they're starting to get results. They're moving right up and are becoming competitive with other states that have done very well. And Lydia is becoming a specialist of AI in her area. She's been doing webinars for teachers across the nation to really figure out how to apply this technology to individualize instruction. At the same time that we're dealing with the concept of the collective, the community is crucial to help support the student. So she has been looking at younger kids, but as you describe this in your area, it seems very connected to what you're looking at in the education of professionals. It's very exciting.

(AL): I mean, I don't want to give the wrong impression. This is my vision for what has to happen, but it's going to take time to get there. It's challenging to get everybody on the same track. I don't know if you know, but St. John's University had two faculty unions, which sometimes made it challenging to do things, but as of February 19th, the president came out and said, "We no longer recognize the two unions to represent faculty." So, of course, that's created quite an uproar here. It's like trying to find champions who want to move forward, and I luckily have some of those. I'm not going to convert everybody, and I know that, so I have to find the right people and give them the right development. Again, I'm a strong believer in development, so I send people to work on things they don't have expertise in. I'm going to send people out. That's also why I have the retreats and bring people in. But if people can at least see some results, then we can at least start there to get moving. I don't want to give the impression that I have the answers to all of this, but that is my vision, and I've shared that vision with the college. I'm always thinking about what we need to do and where we need to go. I think we always have to be thinking ahead. We can't just be dealing with the issues of now. That's not how this college will go from this level to the next level. The goal is to do that, but it's going to take time. I have a large college, and I have some people who've never been anywhere other than here. Something will come up, and I say, "Why don't we think about it this way?" but they don't, because they just have not been anywhere else. So, for me, it's also been helpful that I've been to different types of institutions across the country. I will also say that my involvement at the national level also helps with this. I haven't done it so much here yet, but I was very involved with it in Pennsylvania, Arizona, and Maryland. I sit on a lot of nonprofit boards, so I like to bring in what's outside of higher education and pharmacy. I really think that sometimes we're too tunnel-visioned by what we are, instead of looking to see where the experience and the knowledge are. We need to bring that all together to solve whatever the issues are. So I think being a part of many communities has really helped me. It has helped me think differently.

(TG): Yeah, and it gives you a sense of what's possible in leadership. Do you have, in your head, an explicit change management strategy? Have you done any reading in that area?

(AL): I have. I loosely use Kotter's Model. Sometimes it's hard to stick strictly with that, because you have to understand your environment, but I do use that as a frame. Also, what I found is that what's really important is building trust. That is number one. You have to operate with integrity, because if you don't operate with integrity, it doesn't matter if you have great ideas. That's always been important to me. You need to follow through on what you say, and I told them that when I came here. I basically told them that they're not going to agree with every decision that I make, but I will explain why I made the decisions that I did. I've had to push through some things where it would have just died where it was if I didn't step in. I wasn't going to let somebody bully people into not speaking up or being intimidated to not make decisions. Some people found that it was challenging and different, but they knew I wasn't just going to move on and let it go. They know who I am. I don't hide who I am, and I share everything that I can unless I'm told I cannot. I have a responsibility, too, to my provost and president. And if I make a mistake, I will say that. So to me, no matter what model you use, integrity is probably the most important thing.

(TG): Oh yeah. That and a real, vital connection with people. They know that you know that you're asking a lot, but it's needed.

(AL): The faculty and students used to say that I wouldn't ask them to do anything I wouldn't do myself.

(TG): There's only one trap in that, Anne. There's stuff that you can do that nobody else can do! Just two quick things on my end. Going back to Wilkes, you took this young faculty that you had, and it seems to me that a tremendous number of them have gone on to leadership positions themselves. Is that correct?

(AL): It is correct, and I'm so proud of all of them! I can even name them for you, like Melissa Soma. I hired Melissa when she was fresh out of training. She ended up leaving us because she couldn't meet somebody in Wilkes-Barre. She needed to meet people, so she ended up going back to Pittsburgh. But I remember when she came, I gave her opportunities to write, but she didn't like writing. I used to tell them, 'Unless you start to feel uncomfortable, you're not growing. We need to do this, but I will support you in the process." So she started doing that a bit, but then she took her experience from working with me and ended up moving on. I've been told this by all of them, and I feel really honored that they think this way. They're glad they had their first jobs with me, because then they take what they learned and move on. Melissa is now nationally known for her work with community pharmacy practice, and she writes all the time now. She's just fabulous. I could never be like her. And then there's Kelly Ragucci, who also came to us early on. She ended up going back to MUSC (Medical University of South Carolina), because her fiancé was in New Jersey, but we had no spot in Wilkes-Barre. So Kelly was there as a faculty member, and she then became department chair down there. We always stayed connected, because I stayed connected with a lot of the people who I used to work with, and she

always said that when she was department chair, she would reflect back to her time with me. She even used the same strategies. It was really nice of her to say that. Now she's the vice president of the Academic Kind Programs at the American Association of Colleges of Pharmacy. So they've all done very well, and I'm really proud. Oh, there's also Eric Wright. He has now left Wilkes, but when he was a new faculty member, I can't tell you how many conversations and meetings I had with him at eight o'clock at night. We would meet on campus, and I would be encouraging him and working with him on many different projects. We've stayed in touch, and every conference we went to, I would have Eric join me for a session, even after I left Wilkes. But he also then went back for his MPH (Master of Public Health) at John Hopkins, and then he worked with Geisinger. He's doing super well in their research area. So I'm really proud of what they've done with their careers, and I always say that if I had even just a tiny bit of influence on where they progressed, I would be really happy. I mean, they are outstanding people on their own.

(TG): Yeah, well, once again, it happened because of the leadership in that area.

(CB): I think we all understand how outstanding you have been, Anne. People like you are what's going to help save the healthcare system in this country. There has to be a lot of people involved, but your approach, from my limited perspective as a generalist and as a citizen, is desperately needed. You feel deeply, and you have an important institution to help influence. I'm reminded, Tim, of our alumnus Ron Rescigno. He developed the smart classroom in Port Hueneme, California. It is at the convergence of three military bases, two Air Force bases and a naval base, and they needed kids who could use technology. Now, this is an agricultural area along the coast, so the kids there were farmworkers' kids. Well, Ron had been up at Campbell, California, in the Silicon Valley, when he first got involved with applying technical topics into elementary education. I was so intrigued by what he was doing that on my fundraising trips to California, I visited Port Hueneme about four times over a period of about ten years. What he did was move teachers who were frightened to use the computer into being change agents in education. They were confident of their new abilities, and they then passed that on to others. Every child had to be helped, wherever that child lived. I had just arrived there one time, and I noticed that he did a lot of walking around. That was part of his role as the superintendent. This woman said, "Dr. Rescigno, we have a problem. We had a girl arrive here for the first time yesterday, and no one took care of her for at least twenty minutes. We need to do better than that." I watched as these teachers worked to help this girl. Now, Ron got a lot of grant money and investments, including from either Apple or Microsoft, because he was the voice for that area. I'm a historian, and I was really happy when I got to see a history teacher set up her lecture. She had four areas of councils, and each group had about four or five kids. They took Ken Burns' Civil War documentary, and each of those groups turned it into their interpretation of a key part of the Civil War. These kids were producing their own documentaries as fifth or sixth-graders! I remember meeting the teacher that first year, and she'd become an empowered

educator. This is an elementary level focus, but ultimately, when we're talking about educating people, it's from preschool all the way to adults who need to be re-educated to bring them up to date. I just see that you're doing this at one of the highest levels of our education system, and it's tremendous. My hat's off to you!

(AL): Thank you! I was sad when I left Wilkes. I needed to move on, but I really enjoyed my time there and working with everybody. I have very fond memories of Wilkes.

(CB): Well, you left good things, but you also took good things with you.

(TG): Anne, I'm sure you're up against a time limit here. Are there any questions that we haven't asked, or any things that you wanted to talk about that we've missed?

(AL): I don't think so.

(JR): As a native of the Brooklyn, Queens, and Nassau County area, how is the quality of life that surrounds St. John's?

(AL): Because St. John's is situated in Queens, it's very crowded. It's not near a subway line, so it's a little bit different than if you were in the other parts, but it's still very crowded. On one side of campus, it is a very nice area, but on the other side of campus, it's a more impoverished community. So we have that here. But in New York, the traffic is worse than when I left Wilkes!

(JR): Could I ask where you live?

(AL): Right now, I live in Great Neck, Long Island. It's about eight or nine miles from campus, but I have to give half an hour for commuting.

(JR): Well, that's a very nice area.

(AL): Yeah. I just have a two-bedroom co-op right now, because I still have a house in Maryland. My parents came to live with me a couple of years back, but they didn't want to come to New York, so they're living there. My husband has to be there to take care of them, so I will go back as often as I can.

(CB): You only made one reference to the particular challenges of women who serve in a society that has been pretty much dominated by men. From my perspective, as I look out to the future, I really see the emergence of women in key leadership positions in virtually every part of our society. You certainly are a demonstration of that. I really feel that we're going through a worldwide transition that is very profound, and at the center of that change is going to be an

enhanced role for women's leadership. I think you're there for one of the Nobel Prizes.

(AL): When I was at Wilkes, there were still not that many female department chairs, particularly in pharmacy education. It wasn't until after I started at Wilkes that we had a female dean within the pharmacy school. There was a project that was undertaken by some retired female deans for pharmacy schools across the country, and I was the twenty second female dean since the time pharmacy schools started. For this college, I'm the first female and non-Caucasian dean. So while I think there are some things to change for women, it is still also a challenge for Asian Americans to break that barrier. I mean, for the American Association of Colleges of Pharmacy, in recent years, there's been more women, but I was also the first Chinese-American to be a president of the association. I told you that I sat on a lot of non-profit boards, and almost every event that I now go to, I'm generally the only Asian American. Now, that was not in New York City. It might be different here, but probably not. The university has what's called The President's Society, where students in their junior year can apply to be a part of. The deans have a Board of Governors and a Board of Trustees, so we always go to dinner after the meetings. There was a graduating student speaking one time, who happened to be a Chinese immigrant, but if you looked around the room, there were very few. We are now at a moment in time at this university where four of the deans are women, which is different from what it was in the past, but that's still a challenge. And while Wilkes was wonderful for me, because I didn't see it as much, I will tell you that my husband felt the fact that we were Chinese Americans. I don't think I ever shared this with any of you, but when we first moved there, there was one time we were walking into a new place, somebody opened up, and it was very clear that they deliberately wouldn't serve us. This was in the late 90s. I used some of those experiences to create scenarios for my class, because a lot of what we talk about is diversity. There was one time I remember my husband called me, and he was really upset. Both of my daughters took piano lessons, so he went to the music store down by the square to buy some music for them. Well, when he walked in, the clerk was on the phone, so he very politely waited, and he was standing there for quite a while. Then another customer walked in, who was Caucasian, and the clerk hung up the phone and went to take care of that customer. He was furious, and I used that as, again, a case of diversity in healthcare. What I didn't expect was what he said to me when we moved. He said, "Well, I'm glad that we're moving now. It's time anyway, because you've been here a long time. But I will be happy when I no longer feel like I'm the gum on the bottom of someone's shoes." I worked at the university, so I dealt with a different group of individuals, whereas he was just out there in the regular community. So I will say that was a challenge. I kind of knew when we moved there that we could see issues, because it's not a very diverse area, but I think we both knew that our children would have to face this, no matter where they were. They're going to have to learn how to deal with some of these things. Even though my daughters went to Wyoming Seminary, they stuck out like a sore thumb. They even felt some of the things, but didn't say it all the time. So I will say that was a challenge being in that area.

(TG): I think that's important for us to hear here. I appreciate you saying that. It's kind of interesting how that area has fallen even further, as you probably know, and it's now decidedly Trump country.

(CB): Well, the congressional candidate is the woman mayor of Scranton, and it looks like she has a good chance to win. So that's one good sign. The optimist in me, in seeing things in a dialectical context, is that once we get through Trump's white male supremacy period, and everyone has been given opportunities and education, there's going to be a chance for what I see as a second reconstruction. Diversity will then become, again, become a wonderful word. I dwell on this in my memoir that I'm publishing. I think we need to see beyond the Trump years. I mean, we need to get through them, but we have to keep our eye on what is really important. And the Wilkes campus right now, as you go through it, is a model of diversity. I mean, it is way beyond what it was when I was there. I've got to believe that that's having an impact on that music store and other places in the area. That's our destiny. That's how we've gotten to these 250 years. Now, I'm from Minnesota, so the last paragraph in my book is on how Minneapolis responded to ICE. That became, as you know, the focal point of this last weekend's No Kings protest. So there are a lot of setbacks, and when I first got to Wilkes in 1984, outside of Al Zellner, I can't remember any Black faculty. Roosevelt Newson came a little bit later, but he wasn't there when I got there. In fact, the cliche when we first came to Wilkes-Barre was that it was like being in the 1950s. Luckily, I think it's more mainstream now, and it will fully come through. And if we get the female Scranton mayor, who's got a lot of pluck to be our congresswoman, that's a sign of progress.

(TG): There is.

(JR): By the way, the music store no longer exists.

(TG): I was going to ask if they were still a business!

(CB): They don't deserve it. Give your husband our best.

(AL): I will. I have to tell you how honored I am to be asked to be involved in this project. So thank you so much for giving me this opportunity, and it's just so nice to be able to have a conversation with all of you again. We will stay in touch after this as well. If you're ever in New York, let me know!

(CB): We feel it as well. Thank you.

(TG): I may try to contact you. I'm very, very interested in the application of AI to higher education.

(AL): Yeah, that would be great!

(CB): Okay, everybody. Thanks.

(TG): Thank you.

(AL): Thank you. Bye-bye.

(PA): Bye, Anne!