

STOKES: This is Ray Stokes in the Oral History section of the TCOM library. Today, August 21, 1989, I have the pleasure of being in the office with Dr. John R. Peckham. Dr. Peckham is the associate dean of medical education and is director of the Center of Osteopathic Research and Education, more commonly called CORE. I'm going to call you Dr. John, I know you well enough to do that, rather than saying Dr. Peckham. Dr. John, I want to get acquainted, I know a little of your background, but I'd just like to know how long you've been here and what brought you to TCOM in the first place.

PECKHAM: Well, I think I came to TCOM in 1979, really.

STOKES: That would be ten years then.

PECKHAM: Right. My brother-in-law, Dr. Joe Lawlter, was on the original faculty here in the school and so I came down here to visit and he would always tell me he thought I should be a faculty member here at the school and always painted a picture of the opportunities over here. And for several years I looked and for one reason or another, nothing happened. Then one Christmas he took me to see Ralf Willard, and Ralf Willard is the man who brought me here, pure and simple. He painted a vision for this institution that I could see and understand. He is, as everyone knows, a strong Osteopath, philosophically, and a strong individual. With that I went back to Colorado where I had been in practice for fifteen years...

STOKES: Where in Colorado?

PECKHAM: Colorado Springs. And went about the business of closing my

practice and coming to Fort Worth, which took me nine months but I got here in September of 1979.

STOKES: Dr. John, I'm remiss because I introduced you with the wrong title. You are the Associate Dean of General Medicine, I think I said Medical Education, so we've got that corrected. Now Dr. John, when you came here in '79, you said Dr. Willard was responsible for your coming, what was your assignment when you first came here?

PECKHAM: Well, he put me in the physical medicine department, he didn't quite know what to do with me. I was certified in general practice, my interest was manipulative medicine and he didn't quite know where to put me so he finally put me down in River Plaza with Wayne English. When I arrived there Dr. English wasn't quite sure what to do with me either as I remember. I was neither fish nor fowl. I began to find my way around the institution and did alot of manipulative medicine with rehabilitation patients. I tried to find some kind of legitimate work within the cirriculum which was difficult in that department, but fun. From there it evolved and I realize in retrospect that Ralf Willard mentored me alot. Before I knew it, I was the chairman of the admissions committee. I didn't feel that I was ready to do that, but he didn't give me much choice and before I woke up I had been the chairman of that committee for four years and enjoyed it alot. In the meantime, I taught some on campus and taught alot up at Michigan State with hands on manipulative medicine courses. That was the begining.

STOKES: You know I first met you Dr. John; you talked about down at the River Plaza, you were over in the building across from the Plaza where the bowling alley was. The one thing we have in common with

bowling alleys, we were in one bowling alley and then we moved into a building where the bowling alley was above us, I believe. The first time I met you, we were in a class to learn how to use our new telephone system. I never will forget that, that was the first time I'd met you.

PECKHAM: I remember that.

STOKES: O.K. After your association here in manipulative medicine and preventative medicine, rehab medicine, down with Dr. English, when did you move into more general medicine?

PECKHAM: Well, in about 1982 or '83, and I can't remember which, Dr. Willard wanted to put together something within the institution that dealt with osteopathic philosophy and education and research and he wanted it to take the form of a center, something that would be an umbrella that would reach across a number of departments and try coordinating those efforts. So after a year of a task force which Dr. Cord chaired a proposal for the center went forward and I subsequently took the position as associate dean and director of the core and have had that ever since. The core was really a one man operation, it was myself and a secretary, at least until the last few years. We began to structure some programs which would further that charge to the center. Then in about, I can't remember, I'm going to say about 1985 or '86 I became the acting chairman of manipulative medicine for two years or so until we appointed a search board and found a new chair.

STOKES: Was that along about the time that Dr. Jone Harribo had his problem?

PECKHAM: Right. So to fill in there while he was out of pocket, I took that responsibility. Then two and one-half or three years ago, however that's going to shake out, I became dean for general medicine.

STOKES: Can you give me a little bit of an explanation of just what that entails?

PECKHAM: General medicine is the department of public health and preventive medicine, general family practice, manipulative medicine, humanities and then the center.????? We're soon going to restructure that division into a primary care division which will include pediatrics, ????????, internal medicine, psyciatry, plus these others that we've mentioned in an effort to try to get people in primary entry positions all in one division so they can work together more cooperatively. We'll accomplish that within the next few days.

STOKES: Now you've made more of a contribution than you've shared with me so far. As you look back on your ten years, what stands out in your mind, what experience have you had that was successful, and if it wasn't successful, well please tell me about it.

PECKHAM: Well, I think if I just look back at the ten years for me personally and without quivocation I can tell you that I don't think I have ever been happier professionally. I think that this school is perhaps the best in the profession right now. I don't think everybody knows it yet, but that's alright.

STOKES: I'm not questioning you, other than just give me a little more clarification as to why.

PECKHAM: Well, we're going to talk about that, but I wanted to just stage that because I think that to have a chance to be a part of the growth of the institution is an opportunity that very few people ever enjoy and I think that I came at the very best of times. I've lived here under two different administrations, both of them very different and both of them very necessary and I think that we've seen a natural kind of evolution of maturation of the institution in this period of ten years which in retrospect is remarkable. From those first few, very, very strong folks who carried the load and certainly they were small in number, and suddenly waking up to a school of 150 faculty, a large budget and a magnificent kind of physical resource; those are fast tracks in anybody's league. There's little question that our product is extremely competitive, not only within the state now. I just think that I couldn't have asked for a whole lot more than what I got.

STOKES: You mentioned this as one of the better schools. Would you kindly flag some of the reasons as to why you make that statement? You are pretty familiar with all of the osteopathic colleges.

PECKHAM: Well, there's no question, you know, if you look at external exams that we're doing exceptionally well in the last few years. But I think it's more than that. There's no question that the basic science experience is probably as solid a program as there is in any osteopathic institution and I would venture to guess that it's without question the best. On the clinical side, because, although we have a rather labor intensive kind of a program and certainly there are some things where we have room for improvement because there always are, the fact remains that the core faculty is extremely capable. The basic

programs in general family practice are fairly unique, the core programs, internal medicine program is exceptional and probably, certainly in my mind although it's my bias, we have the quality manipulative medicine program in the United States. The cumulative total is that we're doing a good job and we're doing a good job around what we're charged to do by the state. We're turning out GP's, we're turning out osteopathic GP's. I'm very pleased with that.

STOKES: Are you pleased with the percentage of graduates that are in Manipulative Medicine?

PECKHAM: No, I'd like to see more but I believe that we're going to see... I always think there's a lost generation out there for us in osteopathy anyway as we grew in the 40s and 50s trying to be like everybody else we sometimes lost sight of what we perhaps should be philosophically and I think that once we got in a position where we competed in the same field with everyone and were strong enough that now we're beginning to see a resurgence of those kinds of things, and quite frankly, I think that's what the public is looking for. I think the public is sometimes smarter than the doctors. I think the doctors don't always want to hear them. But it is the things we are as a profession that consumers are asking for. The time is absolutely right for it.

STOKES: I know a number of our graduates used to have the opportunity to visit out in the field more than they do now, but it was on rare occasions back in the late 70s and early 80s when I was visiting, but I noticed that the trend in about the last five or six years (I know we have more graduates and I can't touch on what their specialties are), I know we have more know that are in what we can MT, manipulative

therapy and/or treatment, than we've had in the past.

PECKHAM: I don't think there's any question about it. I think that's just the tip of the iceberg. That gives you an indicator that the greater majority of the class has good skills and interest than we have had in the past.

STOKES: Dr. John, so far you're encouraged about what you've experienced in the 10 years that you've been here, and you've given me a pretty good little outline of what you've been involved in and currently I understand what you're doing. What is the projected future? What do you think is going to develop in the next 10 years?

PECKHAM: We're going to continue to improve the quality of not only what we take into the institution but what we put out, pure and simple. There's no question we're going to continue to improve the quality of the clinical training program. I think we'll see that come in very tightly under the school umbrella. We're going to get into the residency business in a big way.

STOKES: Can you clarify that a little?

PECKHAM: Well, we'll see residencies expand, obviously in general family practice and we'll see it expand in internal medicine. I would hope that we'll see, shortly, new residencies in psychiatry, preventive medicine, occupational medicine, pediatrics, emergency medicine, all those are potentials. I think that the clinical research program will begin to expand. Certainly in the last 4-5 years, since Dr. Richards came to the institution as a resident, we have embarked on a course of attracting quality faculty. They are the

people that make the program. And we will continue to see an upgrade in faculty throughout the institution. All of those things will occur as long as we keep doing what we're paid to do.

STOKES: It's good to hear that. There's one thing that you alluded to a moment ago about a experience that you had since you've been here. You served about 4-5 years as chairman of the Admissions Committee. Now I know back in those days we probably had more of a demand than we actually had supply. It might have changed in the last year or so, but give me some of your thoughts about what occurred during some of those experiences.

PECKHAM: We had a lot of fun. Earline McIlroy was staff for that committee and we did have a good time. Laughed and fussed around a lot. That was a time when there was an institutional headset that we were going to work very hard to attract nontraditional students with other life experiences and sometimes we'd be a little lax on some... Let's put it another way. We put a lot of stock in noncognitive kinds of things and in a way we got in trouble because some of those folks, although they had marvelous qualities, were unable to sustain the rigor of the academic program and the flip side of the coin is we attracted people like that who did survive and became excellent physicians. You never really can make that judgment. I was always intrigued with it. I think after an experience like that you know more about the biases of your fellow admissions committee members than you know about anything else and you realize that it's an imperfect process at the very best, but certainly one that's really important. I learned a lot from it.

STOKES: With our relationship to the Flex experiences that we've had,



we're improving on that to a great extent.

PECKHAM: No question. I think that if we don't compete in the Flex arena and compete very well we're not going to have an institution and so it becomes a judgment call. We can't afford to take some of the risks that we took before where we gambled on some of these folks who had great potential but given the times we can't afford to send students out there that can't pass Flex. So there are always compromises for everything but the school is more important than the potential risk.

STOKES: Thank you Dr. John. Now you've given me a pretty good resume. Do you have any lasting thoughts about your role in the future.

PECKHAM: I don't think so. I think I said it before. I just think it's just been a great personal opportunity. I think it's funny, you know, my family are all osteopathic. There are 16 of us, depending on how you want to count. My father and my step-father were osteopathic. On the educational side of the street, my step-father was in there for 50 years and president of a school for 30.

STOKES: And his name?

PECKHAM: Richard McBaine, he was president of the Chicago school. I never foresaw and I'm sure he didn't either, that I would be involved with an osteopathic college in my career. I'm sure that he would have been just as delighted as I am to see this happening. It's great institution and it's going to get better and better and it's been a great opportunity for me.

STOKES: Well I know that you're looking forward to the osteopathic research possibilities in the future.

PECKHAM: There's no question that we will be able to, as we redevelop the faculty and use that kind of a resource, that that's the place where we haven't established a mark yet and we need to and if we don't we'll be open to some criticism that we deserve. But I think that we'll see that happen.

STOKES: I don't know that I'll be around but I hope you're around to see it take place. It's been a pleasure to be with you today Dr. John Peckham, who is the Associate Dean of General Medicine. Thank you very much.