

## INTERVIEW OF JANICE KNEBL, 1994

BLAKE HAILEY: Today's date is April 15th, 1994. I'm Blake Hailey and we're pleased to have with us Dr. Janice Knebl, who is the associate professor of medicine in the Department of Medicine and Chief of Geriatrics Division here at the University of North Texas Health Science Center at Fort Worth. And we're making this video today in the Biomedical Communications Department of the Gibson D. Lewis Health Science Library. Now that I've gone through all that, Dr. Knebl, thanks for meeting with us this morning. I appreciate you taking time out of your extremely busy schedule to meet with us. I'd like, if we could, to go back and discuss some of your prior background before coming to the Health Science Center and some of the things you were involved in.

JANICE KNEBL: Okay. Well, if we go way back, over ten years ago I had done my medical education training at the Philadelphia College of Osteopathic Medicine. I basically chose osteopathic medicine because that was the only type of doctor I knew in Philadelphia. My family doctor was an osteopathic physician, and I thought that holistic approach to health care was a very good idea. From there, I did what they call a "classic rotating internship" in the Philadelphia area, and then went on to do three years of internal medicine training at Tertiary Care Medical Center called Geisinger Medical Center in upstate Pennsylvania. And then from there, I went back to Philadelphia to do a two year geriatrics medicine fellowship at the Philadelphia Geriatric Center and it was during my second year of training there that I had received a call from the chairman of medicine, Dr. Michael Clearfield, about coming to Texas College of Osteopathic Medicine to set up a geriatric program. So that's sort of the lengthy route that I took to get here, never expecting to move to the Fort Worth area at all. Very happy in Philadelphia. However, when I had come down to interview, I was so very much impressed -- not only with the physical structure here at the college, but also the potential, you know, of what the chairman of medicine and the president and deans at that time had envisioned for the university.

BLAKE HAILEY: That's excellent. So you've been very satisfied here then, it sounds like.

JANICE KNEBL: Yeah. The weather has helped a lot too. In addition to the professional opportunities, the weather has been very, very nice.

BLAKE HAILEY: Well, I know you're involved in the geriatrics program. Can you tell us a little bit about that and possibly some of the research that you're interested in or going to look at doing?

JANICE KNEBL: I can give you a little bit of a history of that. When I had first come to the Texas College of Osteopathic Medicine, it was interesting to me that north of us, at the University of North Texas, there was the Center for Studies in Aging, and that's the oldest gerontology program in the country. And so when I had come I met with individuals, professors from the University of North Texas from the Centers for Studying in Aging and we got together to put a proposal together to create the Gerontology Assessments and Planning Program which is our comprehensive program for frail elders and their caregivers. And that's what started us off, it was that joint effort which continues until today. We have actually a nurse manager that goes halftime between Denton, the Centers for Studies in Aging, and our program in Fort Worth. Through the initiation of that comprehensive assessment program we're able to create a database of patients and so the research we've been able to do has been able to utilize the patients that we, not only deliver clinical care to, but also now are participated in research projects. I had an opportunity to do an osteopathic association-funded project on chronic shoulder disfunction, pain, and limited range of motion for older people, and utilizing osteopathic techniques to help this

condition. Unfortunately, our mentarium many times for treatment of chronic conditions in older people, are medications. And unfortunately, older people are on way too many medications anyway --

BLAKE HAILEY: Right.

JANICE KNEBL: -- and have side effects. So utilizing non-pharmacologic, non-medication modalities is very helpful. So this project proved to do that and we actually were able to improve function for older people by utilizing manipulative therapy. The hope is that we will now go onto put in future proposals on this topic. I've also received funding along with an engineering company from the National Institutes of Health.

BLAKE HAILEY: Uh-huh.

JANICE KNEBL: And we're currently involved in this project where we are testing an automated computerized pill dispenser project for older people in their homes to help remind them how to take their medicines. And it's interesting because we're using four different disability types within the older persons to see if this will help them. We have a group of people with arthritis that have difficulties opening bottles. We're utilizing a hearing-impaired group. We're utilizing a visually-impaired group where the machine actually has a sound to it so that they would know the medicines ready. And then we're using a group that has some early dementia, early Alzheimer's disease, to see if this type of trigger can help them to better -- have better compliance and take their medicines better. So it's another one. And then there's another project I've been involved with in Alzheimer's disease, where we're looking at the actual biochemistry of the disorder. And I'm doing that with Dr. Andy Laco.

BLAKE HAILEY: And that's what you're doing currently?

JANICE KNEBL: That's -- that's current. There's been some other projects, also, in terms of functionality for older people, since that is really our goal. It's not so much to extend life because we really are there at this point, medically speaking, but to give quality of the years that you have left in your life and that is related to improve function as much as possible.

BLAKE HAILEY: Are there some other ideas or other areas you'd like to research in the next few years?

JANICE KNEBL: Yeah. I'd like to see us expand into health services research. And with having the Center for Studies and Aging north of us, they have a history in long-term care, nursing-home care, administration and there's an awful lot, particularly in the state of Texas, we need to do to improve the care of residents of nursing homes. And so I would like to see us expand into that domain, if we could. And then Dr. Bob Gracy who is in biochemistry has done a lot of work in wound healing.

BLAKE HAILEY: Uh-huh.

JANICE KNEBL: And we now, at our teaching hospital, have a hyperbaric chamber which is also going to assist us in wound healing. And so I think efforts in that area need to be developed.

BLAKE HAILEY: You made the remarks earlier that you and North Texas are working together on this. Has the relationship between pretty good with North Texas and the faculty there and helping out here?

JANICE KNEBL: It's interesting.

BLAKE HAILEY: I may have opened up a can of worms.

JANICE KNEBL: Well, we're from different cultures, so to speak. You know, at the medical school most of the individuals in my program are clinical providers, or clinicians. And most of the individuals at the university are researchers, Ph.D. researchers. And so it has been an interesting challenge to be able to get together and to share our cultures and to be able to reap the benefits of both. And, you know, whenever you're trying to meld that, you're obviously going to have certain individuals that are very willing to do that and others that may not, it's uncomfortable. So I think it's an interesting opportunity for us on both sides, because we can clearly learn from the other discipline, and -- and that's what's neat about geriatrics, is that you don't work with only your select discipline. You work in what they call a multi-disciplinary or an interdisciplinary fashion. You do get to work with the other disciplines. You know, nursing, Ph.D., psychologist, physical therapist, occupational therapist, and it really enhances the total care to the individual -- to the older person.

BLAKE HAILEY: So everything seems to be working out then in that respect. There's probably bumps in the road here and there.

JANICE KNEBL: Yeah. For the most part, I think, has been very positive. And again because we could really learn from each other. The biggest challenge to all of us is the financial one and how to continue to support your program.

BLAKE HAILEY: How are the finances coming along?

JANICE KNEBL: We've been really fortunate, I feel, through the university support. And I think that over the next five to ten years, we need to expand our capabilities and begin to develop, what I call, "public/private partnerships". You know, in terms of looking at other health providers within our community and how to develop partnerships to be able to enhance more care for older people in the community.

BLAKE HAILEY: During these videos that we've been doing we've been focusing a lot on the transformation of TCOM to the Health Science Center which is a -- excellent thing that happened. I'd like to get your thoughts on why it was necessary for the growth and success of TCOM to become a health science center?

JANICE KNEBL: Yes. I think it's very critical. I mean, if I look at it from my area and my prospective, by becoming a health science center and having that ability to train, not only physicians, but also individuals in the graduate biomedical sciences, and with the hope of being able to train people in public health and possibly allied health professions, really enhances our opportunities. You know, when you go from being a single-discipline school to multi, particularly from my background with geriatrics, it can only enhance what we can do. And it can only enhance, in my opinion, our ability to acquire a more statewide and national presence.

BLAKE HAILEY: And honestly we're well on our way of doing that, it sounds like.

JANICE KNEBL: Uh-huh.

BLAKE HAILEY: What -- how do you see this health science center being different from the other health science centers in Texas? What do you think that we have to offer that others don't really have at this point?

JANICE KNEBL: What I hope we have to offer is our focus in primary care and community-based-oriented care. I think the other ones that I'm familiar with go very much into more of a basic science laboratory model. And I hope that our health science center can be a health science center without walls. I really hope that we do take to heart the community orientation of primary care and osteopathic medicine at heart, and -- and really do that, which I think will make us real unique.

BLAKE HAILEY: What are some of the challenges that still lie ahead for the Health Science Center and for -- for you in what you're involved in?

JANICE KNEBL: I think I mentioned one of those already, which is always funding.

BLAKE HAILEY: Oh, yes.

JANICE KNEBL: You know, that's always a hurdle. And then the other is trying to build these coalitions in cooperative efforts. It's very easy, I think, for most of us to continue in the same old, same old, because that's very comfortable. But what we're going to have to do is really -- as they say now -- think of new paradigms and new ways of doing things, and start working together where we hadn't before. And I think that's a challenge. It is when you're not used to something like that.

BLAKE HAILEY: Do you see a chance for more linkages between the -- the University of North Texas in Denton and the Health Science Center then?

JANICE KNEBL: I think there's a lot of opportunities. I think the distance has been an issue for people. You know, if we were right next to each other there would be that ease of communication. However, I think with some of the technology we have today, you know, between the modems and email and all that sort of thing, that has helped. And I think the relationship needs to continue to grow and expand in terms of what we can do in terms of community-based activities.

BLAKE HAILEY: You mentioned earlier, too, that some things you'd like to see added to the Health Science Center. Are there some other programs that you'd like to see in the coming year added to the Health Science Center?

JANICE KNEBL: Well, I would like to see -- if I, you know, had a wish list, something I think would be real important would be to try and possibly increase some of the educational efforts for our community-based providers. In the Tarrant County area we have lots of social service providers providing services to seniors. Many of them do not have formal degrees. They've sort of, you know, gotten into the field and many, from what I hear, are very interested in -- in pursuing some additional training. And I would like to see, say for example, within my area the Centers for Studies in Aging --

BLAKE HAILEY: Uh-huh.

JANICE KNEBL: -- in Denton come down on this campus and conduct some coursework for individuals that might be interested. And I think that could enhance our community image by being able to offer these things. And so what we're going to have to do is try to think of alternative ways of granting individuals degrees nontraditionally, because the classic traditional student is becoming less and less available and the person that is looking for additional education is already out working and has to work.

BLAKE HAILEY: Uh-huh.

JANICE KNEBL: And so how do we manage that? How do we offer lunch time seminars --

BLAKE HAILEY: Right.

JANICE KNEBL: -- and evening classes or weekend classes or week-long intensives that would fit into a workers -- working person's schedule to enhance their education. I'd also like to see us expand into a relationship with the nursing schools that are in our community. I've often thought that we have a expectation of physicians and nurses to work together, but yet we don't train them together.

BLAKE HAILEY: That's true.

JANICE KNEBL: It's kind of an odd thing. So I think that if we could get linkages with the nursing schools and offer collaborative programming with them, certainly in geriatric medicine, that would make a lot of sense.

BLAKE HAILEY: You've mentioned getting out into the community a little bit more. So you feel there's a need for a little bit more community support?

JANICE KNEBL: Well, I think we could help with a lot of the problems that these providers are struggling with day to day. I had an opportunity the last two summers to be able to do a program with our area agency on aging where we did in-home screenings of frail, minority, home-bound elders. And our medical students -- I had three of them in fact, the past two years -- that helped me in this project. And what has been so interesting to me in watching the project and getting the data and working with the community is that they now are will go to fund us again this summer because they have such a need, you know, to help and we provide that sort of medical linkage for them and I think that definitely needs to happen more. And, you know, it would also nice to be more involved with the county hospital here in town. I think that's a necessary part of what we should be doing as a medical school, and I know those efforts are underway and, you know, again, takes time to get these things to develop, but I do think that's what we need to do because there's a lot of unmet needs out there that as a state-supported system we should be apart of.

BLAKE HAILEY: Sounds like we're well on the way to meeting those needs, then. You said your program is getting funded again this summer?

JANICE KNEBL: Uh-huh.

BLAKE HAILEY: They're going to add some more people?

JANICE KNEBL: Well, that's what we would like to do. It's a small effort when you look at the big scheme, but it certainly has given us recognition within the community that -- that we're interested and we want to help. And it's been amazing to me to watch that, how, you know, that has happened, and I'm hoping there could be some spinoffs because of it.

BLAKE HAILEY: How do you see your role changing coming up in the future with all these other programs that you've mentioned and so forth?

JANICE KNEBL: I see myself becoming more of an administrator, which is a frightening thought sometimes, because I am a doctor and I am a clinician and that's what I like to do. I like to see patients. But I also have a vision of what I'd like to see happen for older people, and in order to accomplish that sometimes you do have to step back and take that administrative directorship role and that's what I see

for me personally happening. And I also see my efforts going to recruiting additional geriatric faculty to be able to carry on all these types of goals that we have.

BLAKE HAILEY: Maybe you could do 50 percent apiece.

JANICE KNEBL: Well that's what I'm going to try to do because I just can't stop totally being a doctor. It's just not a comfortable thing for me at this point in my career.

BLAKE HAILEY: I kind of get that from a lot of people I talk to. Kind of made the same remarks you have about they're having to do little bit more administrative work, but being a doctor still is -- is the main thing they want to do. Somehow everybody seems to manage to do both. I don't know how y'all do it sometimes.

JANICE KNEBL: 24 hours a day.

BLAKE HAILEY: Forget sleeping, right?

JANICE KNEBL: Right.

BLAKE HAILEY: We've covered in a very short amount of time a lot of ground. Are there some areas that we maybe haven't discussed that you want to bring up or we pretty much hit everything.

JANICE KNEBL: I guess the only other area I'd like to bring up is training which is, I think, another important mission of what we should be doing here. And we have grown in our division in terms of our students.

BLAKE HAILEY: Uh-huh.

JANICE KNEBL: We started with only having one medical student a month doing geriatrics. And now this month we've got four. And I'm told we will have four every month, and that means that we will get half of the class, at least, that will get clinical exposure to geriatrics. So I'm excited about that. We get the residents, both family practice and internal medicine residents that we train. And we recently got a grant, and it was for \$1.4 million to train geriatric medicine and dentists for a two-year training program with us. So those things I also hope will expand because I feel that with our mission of primary care training, that all of our medical students should have exposure to geriatrics. One out of every two patients they will see in a primary care practice, by the year 2020, will be over the age of 65. So they need to have that exposure.

BLAKE HAILEY: So do a lot of the students not have that exposure at this point?

JANICE KNEBL: They didn't when I first came. As I had mentioned, there was only -- we would get one student a month, if we were lucky. And part of that is a bias with geriatrics. Many of the other doctors think that they're doing geriatrics, so why do they need to take a special month? I think that we do have certain approaches that we utilize and also the training we give the students in knowing what's available for older people is very important to their becoming primary care providers. So now having four is exciting and someday I have the goal that we'll have all 100 students that are, you know, from each class that will be able to do clinical geriatrics.

BLAKE HAILEY: That would be a lot to handle then, wouldn't it?

JANICE KNEBL: Right. That's why we need more faculty.

BLAKE HAILEY: How many people do you have in the department right now?

JANICE KNEBL: Right now in our division of geriatrics, we have four physician geriatricians. We have a RN/LVN nurse team that works in the clinic. We have a gerontology trained masters of gerontology, social service coordinator, and we have a nurse manager who goes between the Denton and the Fort Worth site as our core team.

BLAKE HAILEY: Is there a -- a maximum number you'd like to see in the next couple years, or is there kind of hard to predict?

JANICE KNEBL: No. I could see us having ten envisioned faculty.

BLAKE HAILEY: Well, that would be a heck of a thing for you to run, wouldn't it?

JANICE KNEBL: We have enough going on that we could really expand into those capacities.

BLAKE HAILEY: Well, there's only 24 hours in the day, like you said. I don't know if we can add anymore at the rate you're going. Anything else you'd like to bring up?

JANICE KNEBL: No.

BLAKE HAILEY: That you can think?

JANICE KNEBL: I think that's about it.

BLAKE HAILEY: Well, we do appreciate, Dr. Knebl, you taking your time out to meet with us. I know -- well, from what I can tell, your schedule's extremely busy from looking at the paperwork I have on you. Now after talking with you today we do thank you for fitting us in and appreciate it. I know that the school is indebted in having you here. You've definitely done a great service to the community and to the school and will continue to do so, it sure sounds like. And, again, we appreciate it.

JANICE KNEBL: Okay.

BLAKE HAILEY: So thank you very much. And with that, we'll conclude this interview.