

INTERVIEW OF DOCTOR ROBERT ADAMS

BLAKE HALEY: Today's date is March 25th, 1994. I'm Blake Haley and we have with us Dr. Robert Adams, Chair Department of OB-GYN.

DOCTOR ROBERT ADAMS: Yes.

BLAKE HALEY: Here at the University of North Texas Health Science Center at Fort Worth. We're making this video in the Biomedical Communications Department at the Gibson D. Lewis Health Science Library. Dr. Adams, thanks for taking time out of your schedule to meet with us today. I'd like to start, if we could, about your prior experience long before you came to the Health Science Center. Kind of a little background on you.

DOCTOR ROBERT ADAMS: Okay. I'll be happy to. I started out -- I started with medical school, and I went to medical school at the Kirksville College of Osteopathic Medicine. And then I -- from there, I did my internship at Jefferson City, Missouri; and subsequently did a residency in obstetrics and gynecology in Grand Rapids, Michigan. And after leaving Grand Rapids, I came here to the Texas College of Osteopathic Medicine in -- in September of 1984. So I've been here almost ten years coming up to the summer.

BLAKE HALEY: Oh.

DOCTOR ROBERT ADAMS: And I've been with the department first as an assistant professor and have -- I've seen the department change quite a bit over those ten years as well as the institution.

BLAKE HALEY: What are some of the changes that you've seen come over the years?

DOCTOR ROBERT ADAMS: Well, as far as our department, specifically, we have grown considerably. When I came, there were-- there were three full-time faculty members, and the volume of patients was probably about 300 to 400 deliveries a year, which is the major part of our health care, I guess, is in obstetrics. And so, since that time, we now do upwards to about 900 deliveries a year. So it's considerably increased as far as patient volume. And then we also have five full-time faculty members and we've developed a residency program here to where we are now approved to train six physicians in obstetrics and gynecology, so it's been a complete transition, I guess, as far as the department into the educational aspects and patient care altogether.

BLAKE HALEY: Now, you work also with the hospital across the street, correct?

DOCTOR ROBERT ADAMS: Yes.

BLAKE HALEY: How has the relationship with that been over the years? So it's a joint situation?

DOCTOR ROBERT ADAMS: It's not been, I don't think, that unusual for most hospitals and medical schools that are non-related other than by proximity and profession. There are issues, there are good times, there are bad times. There are some politics involved, as with any hospital. But over all, I think that the relationship has grown, and I think that right now we're seeing a cooperative effort as maybe as good as any time that I've been here.

BLAKE HALEY: I know you have a busy schedule, sounds like to me as you already started. Have you been involved with much research over the years, or are you looking at getting into some other research aspects?

DOCTOR ROBERT ADAMS: Our department really has not had a strong research effort. It's been one of the priorities that have been identified, you know, that we hope to establish. Through our residency program and through some clinical drug trials we have had activities, but it's just not been to a level that we feel is probably appropriate for a Clinical Department and Health Science Center. As we've expanded our faculty, it allows us a little more time to look into those areas and we hope that's what we'll also continue into the future. But up to now, I suppose the most significant activity we've done have been clinical drug trials and medication usage in areas such as menopause and contraception.

BLAKE HALEY: Oh. So you plan to do more of that type of thing at a later date?

DOCTOR ROBERT ADAMS: Well, we hope to. It's kind of according to availability. The companies come to us and ask for help. And, of course, we try to make ourselves available and known to companies to do those sorts of things, but it just depends on what's available and what's going on in the marketplace right at that time.

BLAKE HALEY: Uh-huh. Why do you think that a Health Science Center was necessary for the growth and success of TCOM?

DOCTOR ROBERT ADAMS: Well, in the ten years that I've been here, you know, I've seen TCOM change tremendously as far as its role in the community -- and in the profession. I think that it has really gained a lot of respect in the community, and I think the increased visibility and that respect have also had a real impact on the profession. Those things, I think, lead to growth in other areas, and I think it's been just a natural extension to look at a health science center, which allows us to train other areas of health care workers to, you know, to utilize all the resources that have developed for the medical school. The medical school has gotten to a point that to use the resources only for the training physicians might be a little bit short-sided. You know, that's one aspect is I think there is a nucleus of people here who who can follow right over into the educational process as you see in other health care schools. The other aspect, of course, has to do with the benefits to the school. And I think that the school saw that as a natural direction to go because of the changes that we're seeing in health care funding as far as education, and as that funding is becoming more difficult to obtain, it makes sense to -- to, again, try to put resources together to where you can offset costs by training multiple types of people and programs with the same trainers or educators and faculty.

BLAKE HALEY: Uh-huh. What are some of the programs you'd like to see added that you think would be a benefit to the school?

DOCTOR ROBERT ADAMS: I don't have a good perspective, I don't think, on what is involved in a lot of the other areas of ancillary programs. I mean, I think that, as I look at health care in general, it would be appropriate to have a school maybe for nurse practitioners. I know that they've been talking a public health school, and I think that there are other areas such as pharmacy schools and things that have been mentioned that could be explored, but I really don't have a basis of understanding to what the need is as compared with, you know, with other schools in Texas.

BLAKE HALEY: Well, it brings up a question, then. How do you see this school being different from the other health science centers in the state of Texas?

DOCTOR ROBERT ADAMS: I'm not sure that I can answer that with any real basis. Again, I'm not that familiar with the other health science centers. Definitely though, the one difference from the medical school itself is just the osteopathic background and the philosophy that is different and the teaching. Now, I suppose the osteopathic faculty, then, that would be involved in other programs would carry that philosophy and would perhaps it would give a unique perspective to any of those schools. But as far as other comparisons, I don't have a basis to make a comment.

BLAKE HALEY: Also, a lot of people brought up that the health care situation with possibilities of changing and the way health care is administered. Do you see, as far as how the Health Science Center is positioning itself for changes in that respect?

DOCTOR ROBERT ADAMS: I think that we're going to see a tremendous differences in how medicine is practiced. I think that the health care -- this health care center has perhaps a little bit of an edge in that we've already been so well-disciplined in primary care, and that seems to be the way that medicine is going, so that hopefully we can as just as a direct extension of what we've already accomplished, proceed through the changes that are occurring and have a significant role in the health care in the upcoming years.

BLAKE HALEY: What challenges do you think lie ahead in the coming years for you and the health science center?

DOCTOR ROBERT ADAMS: I think the biggest challenges are going to be -- as far as for me, personally, and for our department, personally, are going to be to establish ourselves as a provider of health care in whatever the new system is. I do think that the role of academic medicine is going to be redefined, and I'm not sure how that is going to really fit into the health care programs that are being described for the -- the public as a whole. I think it's going to be much more difficult to attract or keep patient populations that are important for the educational aspects of our students and residents, and so I really look at that being one of our major areas of concern for, I guess, the next few years.

BLAKE HALEY: Do you see your role changing significantly as chair of the OB-GYN in the coming years?

DOCTOR ROBERT ADAMS: Only in that I think I'm going to have to place an increased emphasis on attracting patient population, making sure that we're part of patient population. That, to provide care, this may involve some contractual agreements and seeking out those agreements that we have not really had to do in the past.

BLAKE HALEY: We've covered a lot of ground here in a short amount of time. Were there some areas you'd like to bring up that I haven't touched upon, some topics you'd like to discuss?

DOCTOR ROBERT ADAMS: I did -- in the ten years that I've been here, I think the thing that has probably made the largest impact on me has been the changes in the osteopathic medicine in the community. I had come from Missouri and Iowa and Michigan prior to being here, and osteopathic medicine was well-accepted in those areas, and I never had really been in an area where it wasn't well seeded, I guess, in the medical community. When I came to Texas, it was a little bit of a shock because I found that you had this wonderful institution in the middle of the metroplex, specifically here in Fort Worth, and I don't

think that most of the people really knew it existed. I think we've made a lot of strides at making ourselves known in the community. I think there is still a long ways to go, and I think that the, you know, the direction that the Health Science Center is going at, to be involved in community issues and programs is very important to succeeding in that. But that has also really given a lot of respect and identity to the osteopathic physician, who, again, up until some of those changes occurred, probably was not recognized for the impact that they could have in health care. And so I think that will, hopefully, continue and we'll see that spread throughout the state to where we continue to have graduates where they will go into areas of Texas and make the osteopathic profession better known as far as the medical needs that it can provide in primary care and preventive aspects, that sort of thing. I would like to see the -- the hospital and the medical school continue to grow in their relationship. I think that there are many things that could be done collaboratively that would be advantages to both institutions, and I hope that the situations and the people involved and the politics can allow that sort of thing to develop for everybody's best interests.

BLAKE HALEY: You said there are some things that you'd like to see them do collaboratively. Can you, off the top of your head, think of some of them?

DOCTOR ROBERT ADAMS: The hospital has many of the same interests that the medical school does as far as the areas of primary care and rural health. Those areas are important to the survival of any hospital in today's care market. And so I think that where those areas intertwine with our areas of interest, it -- it makes sense for us to work together and physician recruitment, in physician placement, in the care of patients. And then that also would help us tremendously in the area of education. Hospital has also taken a very strong interest in specialty training. And while we see that specialty training probably in the future is going to be a diminished area of emphasis in the future, I think that it still will play a role -- an important role -- for us as osteopathic physicians to have a training program at a hospital such as this, you know, associated with it. So there interest as well as our interest, again, will be important in our future.

BLAKE HALEY: Do you think that there still needs to be some more community support formulated for the school?

DOCTOR ROBERT ADAMS: Yes. I think that when we look at other medical schools and the level of the community support, primarily through development plans and financial support for programs, for research, for scholarships, I think when you look at our institution, we can maybe see that we're still in the infancy --

BLAKE HALEY: Uh-huh.

DOCTOR ROBERT ADAMS: -- in that regard. And I think that's something that we're seeing a more direct emphasis placed on in the last two or three years. So hopefully we're going to see fruition in the next few years and a lot more community support than what we'd had.

BLAKE HALEY: Do you have some ideas in mind that you'd like to see them doing to help us out?

DOCTOR ROBERT ADAMS: I really don't. I think that the plan that we have as far as developing some areas of academic excellence, such as the Geriatrics Center and the Wound Healing Center, I think that those sorts of things are very -- sometimes very easily promoted to the community. It's something that they can see, and it's a good way to get them involved in the school. And I think if they are involved,

then the support becomes something that's a natural extension. So I would feel that that's a natural projection. I guess, in my area of specific interest, one of the areas I've always had kind of a special place for would be the establishment, perhaps, of a menopause unit or a menopause clinic where we deal with the needs specific to women who are, you know, having symptoms or disease processes associated with the menopause.

BLAKE HALEY: So that's one of the things you're interested in seeing?

DOCTOR ROBERT ADAMS: Yes. That's one of the things that I hope we could at some point develop, and I think it would probably fall into an extension of the Geriatrics Center in this institution.

BLAKE HALEY: Is that what attracted you to TCOM back then, was the challenge of an up-and-coming medical school?

DOCTOR ROBERT ADAMS: The -- my interest in medical education is really what attracted me to a medical school in the first place. I was looking for job opportunities, and I really had always wanted to be involved in academic medicine, teaching to some -- some extent. I had had an opportunity to visit the campus here a couple of years prior to finishing my residency. And the institution facilities and the people here were really not like any that I had run into at other institutions. The facility here is really second-to-none, probably, in the country, as far as osteopathic medical schools go. And it just looked like there was tremendous potential. Here it was obvious that there was still a lot of growth to occur, and that's really what attracted me. And it was a good opportunity in the Department Obstetrics and Gynecologies.

BLAKE HALEY: Is there other things you'd like to add real quick, any other topics?

DOCTOR ROBERT ADAMS: I haven't really thought of anything else ahead of time. We've covered --

BLAKE HALEY: We've covered quite a bit.

DOCTOR ROBERT ADAMS: -- most of it. I don't know what else.

BLAKE HALEY: We covered quite a bit of ground. Well Dr. Adams, I do appreciate you taking time out of your busy schedule. I know we caught you while you were on call, I believe your assistant said, so I appreciate you taking time out -- to meet with us. I know the school owes you a lot and definitely you are an asset to the school and will continue to be, and we thank you again for your time.

DOCTOR ROBERT ADAMS: Thank you.

BLAKE HALEY: And that will conclude this interview. Thank you.