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1 INTERVIEW OF DR. ROBERT ADAMS

2 BLAKE HALEY: Today's date is

3 March 25th, 1994. I'm Blake Haley and we have with us

4 Dr. Robert Adams, Chair Department of OB-GYN.

5 DR. ROBERT ADAMS: Yes.

6 BLAKE HALEY: Here at the University of

7 North Texas Health Science Center at Fort Worth.

8 We're making this video in the Biomedical

9 Communications Department at the Gibson D. Lewis

10 Health Science Library. Dr. Adams, thanks for taking

11 time out of your schedule to meet with us today.

12 I'd like to start, if we could,

13 about your prior experience long before you came to

14 the Health Science Center. Kind of a little

15 background on you.

16 DR. ROBERT ADAMS: Okay. I'll be happy

17 to. I started out -- I started with medical school,

18 and I went to medical school at the Kirksville College

19 of Osteopathic Medicine. And then I --from there, I

20 did my internship at Jefferson City, Missouri; and

21 subsequently did a residency in obstetrics and

22 gynecology in Grand Rapids, Michigan. And after

23 leaving Grand Rapids, I came here to the Texas College

24 of Osteopathic Medicine in -- in September of 1984.

25 So I've been here almost ten years coming up to the

1 summer.

2 BLAKE HALEY: Oh.

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

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

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

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

1 DR. ROBERT ADAMS: Yes.

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

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

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

19 DR. ROBERT ADAMS: Our department  
20 really has not had a strong research effort. It's  
21 been one of the priorities that have been identified,  
22 you know, that we hope to establish. Through our  
23 residency program and through some clinical drug  
24 trials we have had activities, but it's just not been  
25 to a level that we feel is probably appropriate for a

1 Clinical Department and Health Science Center. As  
2 we've expanded our faculty, it allows us a little more  
3 time to look into those areas and we hope that's what  
4 we'll also continue into the future. But up to  
5 now, I suppose the most significant activity we've  
6 done have been clinical drug trials and medication  
7 usage in areas such as menopause and contraception.

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

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

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

20           DR. ROBERT ADAMS: Well, in the ten  
21 years that I've been here, you know, I've seen TCOM  
22 change tremendously as far as its role in the  
23 community -- and in the profession. I think  
24 that it has really gained a lot of respect in the  
25 community, and I think the increased visibility and

1 that respect have also had a real impact on the  
2 profession. Those things, I think, lead to growth in  
3 other areas, and I think it's been just a natural  
4 extension to look at a health science center, which  
5 allows us to train other areas of health care workers  
6 to, you know, to utilize all the resources that have  
7 developed for the medical school. The medical school  
8 has gotten to a point that to use the resources only  
9 for the training physicians might be a little bit  
10 short-sided. You know, that's one aspect is I think  
11 there is a nucleus of people here who who can follow right  
12 over into the educational process as you see in other  
13 health care schools. The other aspect, of course, has  
14 to do with the benefits to the school. And I think  
15 that the school saw that as a natural direction to go  
16 because of the changes that we're seeing in health  
17 care funding as far as education, and as that funding  
18 is becoming more difficult to obtain, it makes sense  
19 to -- to, again, try to put resources together to  
20 where you can offset costs by training multiple types  
21 of people and programs with the same trainers or  
22 educators and faculty.

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

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

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

17 DR. ROBERT ADAMS: I'm not sure that I  
18 can answer that with any real basis. Again, I'm not that  
19 familiar with the other health science centers. Definitely though, the  
20 one difference from the medical school itself is just  
21 the osteopathic background and the philosophy that is  
22 different and the teaching. Now, I suppose the  
23 osteopathic faculty, then, that would be involved in  
24 other programs would carry that philosophy and would  
25 perhaps it would give a unique perspective to any of those

1 schools. But as far as other comparisons, I don't  
2 have a basis to make a comment.

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

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

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

23           DR. ROBERT ADAMS: I think the biggest  
24 challenges are going to be -- as far as for me,  
25 personally, and for our department, personally, are

1 going to be to establish ourselves as a provider of  
2 health care in whatever the new system is. I do think  
3 that the role of academic medicine is going to be  
4 redefined, and I'm not sure how that is going to  
5 really fit into the health care programs that are  
6 being described for the -- the public as a whole. I  
7 think it's going to be much more difficult to attract  
8 or keep patient populations that are important for the  
9 educational aspects of our students and residents, and  
10 so I really look at that being one of our major areas  
11 of concern for, I guess, the next few years.

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

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

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

1 DR. ROBERT ADAMS: I did -- in the ten  
2 years that I've been here, I think the thing that has  
3 probably made the largest impact on me has been the  
4 changes in the osteopathic medicine in the community.  
5 I had come from Missouri and Iowa and Michigan prior  
6 to being here, and osteopathic medicine was  
7 well-accepted in those areas, and I never had really  
8 been in an area where it wasn't well seeded, I guess, in  
9 the medical community. When I came to Texas, it was a  
10 little bit of a shock because I found that you had  
11 this wonderful institution in the middle of the  
12 metroplex, specifically here in Fort Worth, and I  
13 don't think that most of the people really knew it existed.  
14 I think we've made a lot of strives at making  
15 ourselves known in the community. I think there is  
16 still a long ways to go, and I think that the, you  
17 know, the direction that the Health Science Center is  
18 going at, to be involved in community issues and  
19 programs is very important to succeeding in that. But  
20 that has also really given a lot of respect and  
21 identity to the osteopathic physician, who, again, up  
22 until some of those changes occurred, probably was not  
23 recognized for the impact that they could have in  
24 health care. And so I think that will, hopefully,  
25 continue and we'll see that spread throughout the

1 state to where we continue to have graduates where  
2 they will go into areas of Texas and make the  
3 osteopathic profession better known as far as the  
4 medical needs that it can provide in primary care and  
5 preventive aspects, that sort of thing.

6 I would like to see the -- the hospital  
7 and the medical school continue to grow in their  
8 relationship. I think that there are many things that  
9 could be done collaboratively that would be advantages  
10 to both institutions, and I hope that the situations  
11 and the people involved and the politics can allow  
12 that sort of thing to develop for everybody's best  
13 interests.

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

18 DR. ROBERT ADAMS: The hospital has  
19 many of the same interests that the medical school  
20 does as far as the areas of primary care and rural health.  
21 Those areas are important to the survival of any  
22 hospital in today's care market. And so I think that  
23 where those areas intertwine with our areas of  
24 interest, it -- it makes sense for us to work together  
25 and physician recruitment, in physician placement, in

1 the care of patients. And then that also would help  
2 us tremendously in the area of education. Hospital  
3 has also taken a very strong interest in specialty  
4 training. And while we see that specialty training  
5 probably in the future is going to be a diminished  
6 area of emphasis in the future, I think that it still  
7 will play a role -- an important role -- for us as  
8 osteopathic physicians to have a training program at a  
9 hospital such as this, you know, associated with it. So there  
10 interest as well as our interest, again, will be  
11 important in our future.

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

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

22           BLAKE HALEY: Uh-huh.

23           DR. ROBERT ADAMS: -- in that regard.  
24 And I think that's something that we're seeing a more  
25 direct emphasis placed on in the last two or three

1 years. So hopefully we're going to see fruition in  
2 the next few years and a lot more community support  
3 than what we'd had.

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

6           DR. ROBERT ADAMS: I really don't. I  
7 think that the plan that we have as far as developing  
8 some areas of academic excellence, such as the  
9 Geriatrics Center and the Wound Healing Center, I  
10 think that those sorts of things are very -- sometimes  
11 very easily promoted to the community. It's something  
12 that they can see, and it's a good way to get them  
13 involved in the school. And I think if they are  
14 involved, then the support becomes something that's a  
15 natural extension. So I would feel that that's a  
16 natural projection. I guess, in my area of specific  
17 interest, one of the areas I've always had  
18 -- kind of a special place for would be the  
19 establishment, perhaps, of a menopause unit or a menopause clinic where we  
20 deal with the needs specific to women who are, you  
21 know, having symptoms or disease processes associated  
22 with the menopause.

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

25           DR. ROBERT ADAMS: Yes. That's one of

1 the things that I hope we could at some point develop,  
2 and I think it would probably fall into an extension  
3 of the Geriatrics Center in this institution.

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

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

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

1 DR. ROBERT ADAMS: I haven't really  
2 thought of anything else ahead of time. We've covered  
3 --

4 BLAKE HALEY: We've covered quite a  
5 bit.

6 DR. ROBERT ADAMS: -- most of it. I  
7 don't know what else.

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

16 DR. ROBERT ADAMS: Thank you.

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

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