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1 INTERVIEW OF JANICE KNEBL, 1994

2 BLAKE HAILEY: Today's date is
3 April 15th, 1994. I'm Blake Hailey and we're pleased
4 to have with us Dr. Janice Knebl, who is the associate
5 professor of medicine in the Department of Medicine
6 and Chief of Geriatrics Division here at the
7 University of North Texas Health Science Center at
8 Fort Worth. And we're making this video today in the
9 Biomedical Communications Department of the Gibson D.
10 Lewis Health Science Library.

11 Now that I've gone through all that,
12 Dr. Knebl, thanks for meeting with us this morning.
13 I appreciate you taking time out of your extremely
14 busy schedule to meet with us. I'd like, if we could,
15 to go back and discuss some of your prior background
16 before coming to the Health Science Center and some of
17 the things you were involved in.

18 JANICE KNEBL: Okay. Well, if we go
19 way back, over ten years ago I had done my medical
20 education training at the Philadelphia College of
21 Osteopathic Medicine. I basically chose osteopathic
22 medicine because that was the only type of doctor I
23 knew in Philadelphia. My family doctor was an
24 osteopathic physician, and I thought that holistic
25 approach to health care was a very good idea.

1 From there, I did what they call a
2 "classic rotating internship" in the Philadelphia
3 area, and then went on to do three years of internal
4 medicine training at Tertiary Care Medical Center
5 called Geisinger Medical Center in upstate
6 Pennsylvania.

7 And then from there, I went back to
8 Philadelphia to do a two year geriatrics medicine
9 fellowship at the Philadelphia Geriatric Center and it
10 was during my second year of training there that I had
11 received a call from the chairman of medicine,
12 Dr. Michael Clearfield, about coming to Texas College
13 of Osteopathic Medicine to set up a geriatric program.

14 So that's sort of the lengthy route
15 that I took to get here, never expecting to move to
16 the Fort Worth area at all. Very happy in
17 Philadelphia. However, when I had come down to
18 interview, I was so very much impressed -- not only
19 with the physical structure here at the college, but
20 also the potential, you know, of what the chairman of
21 medicine and the president and deans at that time had
22 envisioned for the university.

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

25 JANICE KNEBL: Yeah. The weather

1 has helped a lot too. In addition to the professional
2 opportunities, the weather has been very, very nice.

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

8 JANICE KNEBL: I can give you a
9 little bit of a history of that. When I had first
10 come to the Texas College of Osteopathic Medicine, it
11 was interesting to me that north of us, at the
12 University of North Texas, there was the Center for
13 Studies in Aging, and that's the oldest gerontology
14 program in the country.

15 And so when I had come I met with
16 individuals, professors from the University of North
17 Texas from the Centers for Studying in Aging and we
18 got together to put a proposal together to create the
19 Gerontology Assessments and Planning Program which is
20 our comprehensive program for frail elders and their
21 caregivers. And that's what started us off, it was
22 that joint effort which continues until today.

23 We have actually a nurse manager
24 that goes halftime between Denton, the Centers for
25 Studies in Aging, and our program in Fort Worth.

1 Through the initiation of that comprehensive
2 assessment program we're able to create a database of
3 patients and so the research we've been able to do has
4 been able to utilize the patients that we, not only
5 deliver clinical care to, but also now are
6 participated in research projects.

7 I had an opportunity to do an
8 osteopathic association-funded project on chronic
9 shoulder dysfunction, pain, and limited range of
10 motion for older people, and utilizing osteopathic
11 techniques to help this condition.

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

16 BLAKE HAILEY: Right.

17 JANICE KNEBL: -- and have side
18 effects. So utilizing non-pharmacologic,
19 non-medication modalities is very helpful. So this
20 project proved to do that and we actually were able to
21 improve function for older people by utilizing
22 manipulative therapy. The hope is that we will now go
23 onto put in future proposals on this topic.

24 I've also received funding along
25 with an engineering company from the National

1 Institutes of Health.

2 BLAKE HAILEY: Uh-huh.

3 JANICE KNEBL: And we're currently
4 involved in this project where we are testing an
5 automated computerized pill dispenser project for
6 older people in their homes to help remind them how to
7 take their medicines.

8 And it's interesting because we're
9 using four different disability types within the older
10 persons to see if this will help them. We have a
11 group of people with arthritis that have difficulties
12 opening bottles. We're utilizing a hearing-impaired
13 group. We're utilizing a visually-impaired group
14 where the machine actually has a sound to it so that
15 they would know the medicines ready. And then we're
16 using a group that has some early dementia, early
17 Alzheimer's disease, to see if this type of trigger
18 can help them to better -- have better compliance and
19 take their medicines better. So it's another one.

20 And then there's another project
21 I've been involved with in Alzheimer's disease, where
22 we're looking at the actual biochemistry of the
23 disorder. And I'm doing that with Dr. Andy Laco.

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

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

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

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

22 BLAKE HAILEY: Uh-huh.

23 JANICE KNEBL: And we now, at our
24 teaching hospital, have a hyperbaric chamber which is
25 also going to assist us in wound healing. And so I

1 think efforts in that area need to be developed.

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

7 JANICE KNEBL: It's interesting.

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

10 JANICE KNEBL: Well, we're from
11 different cultures, so to speak. You know, at the
12 medical school most of the individuals in my program
13 are clinical providers, or clinicians. And most of
14 the individuals at the university are researchers,
15 Ph.D. researchers. And so it has been an interesting
16 challenge to be able to get together and to share our
17 cultures and to be able to reap the benefits of both.

18 And, you know, whenever you're
19 trying to meld that, you're obviously going to have
20 certain individuals that are very willing to do that
21 and others that may not, it's uncomfortable. So I
22 think it's an interesting opportunity for us on both
23 sides, because we can clearly learn from the other
24 discipline, and -- and that's what's neat about
25 geriatrics, is that you don't work with only your

1 select discipline. You work in what they call a
2 multi-disciplinary or an interdisciplinary fashion.
3 You do get to work with the other disciplines. You
4 know, nursing, Ph.D., psychologist, physical
5 therapist, occupational therapist, and it really
6 enhances the total care to the individual -- to the
7 older person.

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

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

16 BLAKE HAILEY: How are the finances
17 coming along?

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

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

8 JANICE KNEBL: Yes. I think it's
9 very critical. I mean, if I look at it from my area
10 and my prospective, by becoming a health science
11 center and having that ability to train, not only
12 physicians, but also individuals in the graduate
13 biomedical sciences, and with the hope of being able
14 to train people in public health and possibly allied
15 health professions, really enhances our opportunities.

16 You know, when you go from being a
17 single-discipline school to multi, particularly from
18 my background with geriatrics, it can only enhance
19 what we can do. And it can only enhance, in my
20 opinion, our ability to acquire a more statewide and
21 national presence.

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

24 JANICE KNEBL: Uh-huh.

25 BLAKE HAILEY: What -- how do you

1 see this health science center being different from
2 the other health science centers in Texas? What do
3 you think that we have to offer that others don't
4 really have at this point?

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

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

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

20 BLAKE HAILEY: Oh, yes.

21 JANICE KNEBL: You know, that's
22 always a hurdle. And then the other is trying to
23 build these coalitions in cooperative efforts. It's
24 very easy, I think, for most of us to continue in the
25 same old, same old, because that's very comfortable.

1 But what we're going to have to do
2 is really -- as they say now -- think of new paradigms
3 and new ways of doing things, and start working together
4 where we hadn't before. And I think that's a
5 challenge. It is when you're not used to something
6 like that.

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

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

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

1 JANICE KNEBL: Well, I would like to
2 see -- if I, you know, had a wish list, something I
3 think would be real important would be to try and
4 possibly increase some of the educational efforts for
5 our community-based providers.

6 In the Tarrant County area we have
7 lots of social service providers providing services to
8 seniors. Many of them do not have formal degrees.
9 They've sort of, you know, gotten into the field and
10 many, from what I hear, are very interested in -- in
11 pursuing some additional training. And I would like
12 to see, say for example, within my area the Centers
13 for Studies in Aging --

14 BLAKE HAILEY: Uh-huh.

15 JANICE KNEBL: -- in Denton come
16 down on this campus and conduct some coursework for
17 individuals that might be interested. And I think
18 that could enhance our community image by being able
19 to offer these things.

20 And so what we're going to have to
21 do is try to think of alternative ways of granting
22 individuals degrees nontraditionally, because the
23 classic traditional student is becoming less and less
24 available and the person that is looking for
25 additional education is already out working and has to

1 work.

2 BLAKE HAILEY: Uh-huh.

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

5 BLAKE HAILEY: Right.

6 JANICE KNEBL: -- and evening
7 classes or weekend classes or week-long intensives that
8 would fit into a workers -- working person's schedule
9 to enhance their education. I'd also like to see us
10 expand into a relationship with the nursing schools
11 that are in our community.

12 I've often thought that we have a
13 expectation of physicians and nurses to work together,
14 but yet we don't train them together.

15 BLAKE HAILEY: That's true.

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

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

25 JANICE KNEBL: Well, I think we

1 could help with a lot of the problems that these
2 providers are struggling with day to day. I had an
3 opportunity the last two summers to be able to do a
4 program with our area agency on aging where we did
5 in-home screenings of frail, minority, home-bound
6 elders. And our medical students -- I had three of
7 them in fact, the past two years -- that helped me in
8 this project.

9 And what has been so interesting to
10 me in watching the project and getting the data and
11 working with the community is that they now are will
12 go to fund us again this summer because they have such
13 a need, you know, to help and we provide that sort of
14 medical linkage for them and I think that definitely
15 needs to happen more.

16 And, you know, it would also nice to
17 be more involved with the county hospital here in
18 town. I think that's a necessary part of what we
19 should be doing as a medical school, and I know those
20 efforts are underway and, you know, again, takes time
21 to get these things to develop, but I do think that's
22 what we need to do because there's a lot of unmet
23 needs out there that as a state-supported system we
24 should be apart of.

25 BLAKE HAILEY: Sounds like we're

1 well on the way to meeting those needs, then. You
2 said your program is getting funded again this summer?

3 JANICE KNEBL: Uh-huh.

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

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

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

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

1 And I also see my efforts going to
2 recruiting additional geriatric faculty to be able to
3 carry on all these types of goals that we have.

4 BLAKE HAILEY: Maybe you could do
5 50 percent apiece.

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

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

17 JANICE KNEBL: 24 hours a day.

18 BLAKE HAILEY: Forget sleeping,
19 right?

20 JANICE KNEBL: Right.

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

25 JANICE KNEBL: I guess the only

1 other area I'd like to bring up is training which is,
2 I think, another important mission of what we should
3 be doing here. And we have grown in our division in
4 terms of our students.

5 BLAKE HAILEY: Uh-huh.

6 JANICE KNEBL: We started with only
7 having one medical student a month doing geriatrics.
8 And now this month we've got four. And I'm told we
9 will have four every month, and that means that we
10 will get half of the class, at least, that will get
11 clinical exposure to geriatrics. So I'm excited about
12 that.

13 We get the residents, both family
14 practice and internal medicine residents that we
15 train. And we recently got a grant, and it was for
16 \$1.4 million to train geriatric medicine and dentists
17 for a two-year training program with us.

18 So those things I also hope will
19 expand because I feel that with our mission of primary
20 care training, that all of our medical students should
21 have exposure to geriatrics. One out of every two
22 patients they will see in a primary care practice, by
23 the year 2020, will be over the age of 65. So they
24 need to have that exposure.

25 BLAKE HAILEY: So do a lot of the

1 students not have that exposure at this point?

2 JANICE KNEBL: They didn't when I
3 first came. As I had mentioned, there was only -- we
4 would get one student a month, if we were lucky. And
5 part of that is a bias with geriatrics. Many of the
6 other doctors think that they're doing geriatrics, so
7 why do they need to take a special month? I think
8 that we do have certain approaches that we utilize and
9 also the training we give the students in knowing
10 what's available for older people is very important to
11 their becoming primary care providers.

12 So now having four is exciting and
13 someday I have the goal that we'll have all 100
14 students that are, you know, from each class that will
15 be able to do clinical geriatrics.

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

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

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

22 JANICE KNEBL: Right now in our
23 division of geriatrics, we have four physician
24 geriatricians. We have a RN/LVN nurse team that works
25 in the clinic. We have a gerontology trained masters

1 of gerontology, social service coordinator, and we
2 have a nurse manager who goes between the Denton and
3 the Fort Worth site as our core team.

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

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

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

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

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

17 JANICE KNEBL: No.

18 BLAKE HAILEY: That you can think?

19 JANICE KNEBL: I think that's about
20 it.

21 BLAKE HAILEY: Well, we do
22 appreciate, Dr. Knebl, you taking your time out to
23 meet with us. I know -- well, from what I can tell,
24 your schedule's extremely busy from looking at the
25 paperwork I have on you. Now after talking with you

1 today we do thank you for fitting us in and appreciate
2 it. I know that the school is indebted in having you
3 here. You've definitely done a great service to the
4 community and to the school and will continue to do
5 so, it sure sounds like. And, again, we appreciate
6 it.

7 JANICE KNEBL: Okay.

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

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