

Oral Memoirs
of
Robert Bruce, MD

An Interview
Conducted by
Clinton M. Thomson
June 14, 2018

Development of the Tulsa Medical College:
An Oral History Project

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Interview History

The recording(s) took place at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma. The recording(s) and transcript(s) were processed at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma.

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Videographer: Alyssa Peterson

Transcriber: Alyssa Peterson

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Collection/Project Detail

The Development of the Tulsa Medical College project was conducted by the Schusterman Library at the University of Oklahoma-Tulsa from January 2016 to June 2018. The project focused on the development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma-Tulsa.

Robert Bruce was part of the first class of medical students to attend the Tulsa Medical College. He completed his third- and fourth-years of medical school in Tulsa. After completing urology residency at Baylor College of Medicine in Houston, he returned to Tulsa to practice.

Clinton M. Thompson was the first Director of the Tulsa Medical College Library and went on to be Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

Alyssa Peterson was a Reference and Instruction Librarian at the Schusterman Library.

Robert Bruce, MD
Oral History Memoir
Interview Number 1

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Tulsa, Oklahoma

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THOMPSON: Today is June 14, 2018. Oh no! June 13, 2018. Would you like to introduce yourself?

BRUCE: Yes. I'm Dr. Robert Bruce. I'm a urologist here in Tulsa. And I went to the University of Oklahoma undergraduate and the University of Oklahoma medical school in Oklahoma City for two years, and was in the first class of students that started here in Tulsa. I've been in residencies in Texas, mainly at Baylor College of Medicine in Houston in urology, and then I've been in practice here in Tulsa since 1981. I'm the former president of the Urologic Specialists of Oklahoma, which is a large urology clinic here in Tulsa.

THOMPSON: Student. The decision to come to Tulsa? You had a choice.

BRUCE: Right, right we did have a choice. They were kind of, at that point, they were kind of looking for volunteers. And you know, I'm from Tulsa originally, my then girlfriend, now wife was here in Tulsa, that was a little bit of an influence, and I was also, I'd worked in some of the Tulsa hospitals and I was aware of the quality of medicine, the quality of the physicians, the quality of the facilities here, and I thought it would be a great opportunity.

THOMPSON: Friends that came along with you at that time in that first class that stand out in your mind?

BRUCE: Well, probably one of the main people I think of is Dr. Bill McEntee who came in my class, and we were pretty close friends, worked together a lot during medical school, practiced together at St. Francis for many years. He also did his residency in Houston, so were there at the same time. He's been an outstanding physician in Tulsa, now retired. He was a very important cardiologist here in Tulsa.

THOMPSON: Your decision to leave Tulsa for your residency?

BRUCE: The biggest factor in that is that there's no urology residencies in Tulsa, and there's only one in Oklahoma. So, and I thought it was a good opportunity to see the world, you might say, and go to a major medical center and get a lot of experience, which it turned out that way. It was a very good experience to go to Houston.

THOMPSON: You were at Baylor?

BRUCE: Right.

THOMPSON: That's what you said.

BRUCE: Right.

THOMPSON: Okay. That sounds good. Upon your return did you solo practice, or did you join a group at that time?

BRUCE: No, I actually joined an existing group that there were two doctors, Dr. Mike Smith and Dr. Ed Nonweiler, and they had a very busy practice at St. Francis, and I'd actually worked with them as a student and so I knew them very well and they knew me, so it was just a nice fit. They were looking for help about the time I finished, so I joined their practice. And we practiced as a three-man group for probably a decade and then we started growing. And then eventually merged with the large group at St. John's to develop the clinic that we have now.

THOMPSON: And somewhere I remember hearing that's the largest urology clinic on this side of the state, or in the state?

BRUCE: Well, it's the largest in the state right now, and probably the largest between Kansas City and Dallas.

THOMPSON: Very good. Docs who you knew here in town who either, let's take those docs who were here when you were doing your medical school training that you remember, may have had an influence on you?

BRUCE: There were several—almost too many to mention them all—

THOMPSON: Well, that's fine.

BRUCE: —but some that kind to mind, I mean, I think everybody that was a student in that era in Tulsa was exposed to Richard Marshall, and he was an internal medicine hematology specialist, and very, very student oriented, very smart, very down to earth, and I think everybody

that was around him learned things that last forever, not just medical facts, but you know, how to practice medicine, how to treat patients.

THOMPSON: Very good. Other docs in town that?

BRUCE: I think C.T. Thompson and Dr. Jerry Gustafson at St. Francis were a tremendous influence, especially on anybody interested in surgery. They're just tremendous surgeons and very smart people, and again, taught a lot of life lessons really being around those people. Dr. Manny Lubin was a urologist at St. John's, and one of the early urologists in Tulsa actually, and he, I think, influenced me to go into that field basically. And he was very well thought of during that era. And Richard Slagle, who's a cardiologist at St. Francis, was always interested in education and teaching students. Even after I was out in practice, he's one of those doctors who continues to influence you wherever, even though you're technically not a student anymore, I guess you're always a student. John Phillips is another doctor at St. John's, a very prominent general surgeon, who was just an excellent surgeon and great teacher.

THOMPSON: Classmates other than the one that you mentioned that are still in town practicing?

BRUCE: Well, Don Elgin was one of my classmates, and he ended up doing primary care in Oklahoma in several different sites, and I think he's in Fort Gibson, Oklahoma now still practicing, still doing a great job. He was always an interesting guy to work with, very, very knowledgeable. Kelly Mahone was another gentleman in my class. He went into general surgery and ended up in Arkansas. And there was many, many people that were fun to work with and very stimulating. It was a great group.

THOMPSON: Any comments, since you were in that original group, any comments about the third and fourth years here versus what you would have expected because you knew third- and fourth-year students in Oklahoma City when you were a second-year student.

BRUCE: Right. Right.

THOMPSON: Any differences or anything that you might want to comment about the training here?

BRUCE: I think there was, yeah, I think there was definitely some differences. I think everybody that came here had a little bit of concern was this going to be organized well enough, were we going to get as good of an education because the environment at the OU Med Center is very structured, very traditional, and they had many years of doing this, so they'd had it really well worked out, where we were kind of jumping off a cliff here, we didn't know what was going to happen, but I think that was unfounded in many ways. I mean, I think the education was

probably different, but in some ways it might have even been better. I mean, if you were planning on going into academics, it might have been better to stay in Oklahoma City. If you're planning on practicing medicine in the community, I think you got a real experience here in Tulsa to see that it was really like. And we were also, many of us concerned were we going to be able to qualify for top residency coming out of a fledgling community program here in Tulsa. And actually I think it worked out better than we ever dreamed. I think many of us really got prestigious residency programs coming from Tulsa in part due to the fact of connections that Tulsa physicians had around the country and maybe places they had trained, and if they did a good job there then it worked for us to go to good places, so many of us went to really top residencies out of Tulsa.

THOMPSON: Faculty that made an impression on you in those early days as a third- and fourth-year student?

BRUCE: Well, there were many faculty, I'd say probably Dr. Nettles, who was one of the OB/GYN physicians, had a big impact, I think, on all the students that spent time with him. Many of the faculty were volunteer faculty, and many of the other physicians I just mentioned, including also Dr. Cobblesh(??), who was a cardiologist at St. Francis, they were just excellent teachers, and I mean, I would put them in the same category as many teachers I had in Oklahoma City. They were just very knowledgeable, very effective, and that worked out well.

THOMPSON: The influence—because you went away for a while, so you saw another place, you'd been in Oklahoma City, you saw that—the influence that the College had on the community as a whole? Can you talk about any of that? I mean, this community made a strong effort to ensure that they obtained an MD program in the Tulsa area. The physicians were very committed to that, as you've already mentioned the community physicians. Can you make any comments about the influence of the College? And then you stayed in Tulsa and practiced after you came back. So, the influence of the College here in the community over the years?

BRUCE: I think it's a very positive influence. Now, as you probably know, especially the years I was here, I mean, it was a very small operation. There was a small administrative office over on 21st Street, near 21st and the Broken Arrow Expressway. I think that was Leeland's first office over there. Pretty small, but it was very effective and the staff they had was very effective at, you know, making the students feel welcome and, you know, kind of taking care of our needs administratively. But I think that the school definitely had a positive impact on the community, and it just continued to grow, and obviously it's a much bigger operation today. I don't think anybody would have dreamed at that time where it was headed and how big it would be today. Just started small and grew. I think one of the wise things about the leaders in the community about attracting a medical school here was people tend to stay where they're educated if they had a good experience there. And I think a lot of people, even if we left for residency, came back to

Tulsa because we had positive experiences here in the medical community, and we were aware of the quality of the medical community. And I've often said, you know, I was fortunate enough to go to some very prestigious, famous facilities like the Texas Medical Center in Houston is just unsurpassed, you know, it's world-famous, but many of the doctors here are just as good as the doctors in Houston, and I think that's something that we should be proud of. And the facilities are starting to rival the facilities in Houston, so it's a great medical community.

THOMPSON: I know you practiced at St. Francis, but again, something that I think is a little bit different about the community of Tulsa, three very strong hospitals in Tulsa. That's a little unusual in a community this size to have three very strong—

BRUCE: I think you're right.

THOMPSON: —healthcare facilities. So can you talk a little, I mean you were at St. Francis, so I know that was your primary interest, but the St. John's and Hillcrest, just a combination of having those kinds of facilities in this community?

BRUCE: I think it was healthy competition. I mean they definitely compete with each other to this very day, but I think that's healthy. And it does seem, especially in certain common areas like education, they work together very effectively. And I think the working together that's stimulated the educational efforts in Tulsa for sure. And as you well know, you know the original education efforts in Tulsa were residency and internship programs that were sponsored by all the hospitals together jointly. And that kind of laid the groundwork for OU-Tulsa and the residency programs here, and there were students that came up here very briefly for many years, but not for a full formal clerkships like we did in our third and fourth years when I started.

THOMPSON: A question that I've asked practicing physicians, what you've seen in the changes in healthcare over the years from the time you were a student to now? Any comments you'd like to make just about how physicians have either changed or how things have influenced healthcare in the Tulsa area?

BRUCE: Well, you have to, I think, first and foremost you have to talk about healthcare reimbursement and insurance industry, I mean that's probably had the biggest impact on the way healthcare is delivered and financed, and without question that's effected it. Some for the better I think, and some to the detriment of what's going on. But there's also been, you know, tremendous technology changes. I mean, it's amazing to look back. All of us say this, you know, we look at things that we learned to do and trained on, and when we were in medical school and in residency, and those things are all, not all, but a lot of them are outdated, obsolete. A lot of the things we do every day, you know, we learned five years ago, not thirty years, so there have been, certainly, big changes. I think the effect of the change in the workload on residents I think

is has been a profound change. Probably for the better. I mean I survived the era, and everybody in my age group did, of when, you know, they just worked residents to death. And there's some lessons learned by doing that, but there's probably mistakes made by doing that. You know, it's hard to learn when you're exhausted. So there have been some good in some of the changes. I think that's been a profound change. Also, just the way in general that students are taught is different. It's probably good, it's probably for the better. So, progress, I think there's progress.

THOMPSON: Now, do you have students from the College?

BRUCE: We do. We have students and residents from both OU and OSU that rotate through our practice.

THOMPSON: So you do both?

BRUCE: Yes. We'll train anybody that wants to come visit. We're happy to have them.

THOMPSON: That's good, that's good. Well, again, an interesting thing about this community that a medical school and an osteopathic school in very close proximity. Interaction. At least in my opinion, this was, had a very concentrated number of DOs in practice in the community when I came in 1976, and so, and, of course, I think that's been increased at some level by the fact that there is an osteopathic school—

BRUCE: Right.

THOMPSON: —in town, so. Other comments that you would make, either about the school or about medicine that you think have some retrospect on the college itself and the training that you got here.

BRUCE: Well, I think without question that the school has been a positive influence on medical education in the region. I mean it's kind of an anchor for what's going on, things are more organized, more visible, there's more opportunities for even doctors in practice to participate in educational activities. And there's just more doctors in Tulsa now, I think, since the medical school has been here.

THOMPSON: Your feel for the number of students and residents who moved outside the Tulsa area? Has that, as well as the city of Tulsa, has it improved the healthcare in the surrounding areas?

BRUCE: Oh, definitely. You know, I think there's more, I mean there's still a deficit in most smaller, most smaller communities feel like they're underserved I think, but there's more

specialists and more doctors in the surrounding communities than there used to be. And we find in our own field that many times there's a urologist in many of the smaller communities around the area. But there is a deficit I think of subspecialists and specialists in general there's probably a shortage overall. Some of that may be distribution, but sometimes they end up staying in the larger urban areas, but still there's probably overall a shortage.

THOMPSON: Did you do any research during your years of practice or?

BRUCE: You know, not any bench research or not any primary research, but we've had several research projects that our group has participated in. Different drug protocols and we published a few articles that we generated the data for. So, but that's not a big emphasis for us.

THOMPSON: I just wondered because you know because some do get their fingers back into that aspect. Again, not to be expected so much out of a community medical school. I think Oklahoma City would expect if from some of their students because of their training in Oklahoma City. Any other comments you would like to make that you think would be important to reflect on, you know, your third and fourth years here or your years following coming back to Tulsa to practice.

BRUCE: Well, I think, I think for prospective students here in Tulsa, I mean, I think I would heartily endorse the program here. And I think I see nothing but continued growth and improvement. Not in just the facilities, but the programs they have. And, you know, I'd recommend it, but it's also I think it requires a little research on the part of the student. They should look at it and kind of ask themselves what their goals are. Again, if they were really interested in a hardcore academic career, this may not be the right place to come, but it might be. I mean I think we've turned out more people in the recent past that have had academic careers than previously, so there's probably that opportunity also.

THOMPSON: Any comments that you would make about the expansion outside the College of Medicine because for ten to twenty years that was it, besides the nursing program, which had been here almost as long or longer than the medical side, but the other expansion of other health programs and the benefit?

BRUCE: I think that's great. You know, my daughter was a graduate of the PA program here, and so I have a little personal knowledge of the quality of those programs, and I think they're very good. And that just supplies the need for healthcare manpower for this area. I think it also, it's logical, and I think it turns out this way, that if you go to school here and train here, you're likely to stay in the area, if there's opportunities. So, rather than, you know, leave the state or leave the city to go get your training, you might not come back, so I think it's good for the community to have those programs here locally.

THOMPSON: Were you pretty committed to coming back? Since you came back to Tulsa. Were you committed after you finished at Baylor to come back here?

BRUCE: Yeah, pretty much. I mean, actually, I considered staying in Houston briefly, and you know, that's a tremendous medical community, but I had, you know, family ties here and opportunities to work here, and I was familiar with the city, and I think that was a good choice for me.

THOMPSON: Anything else you would like to say?

BRUCE: I think it's great that you're putting this together to collect all the opinions and thoughts of people that have been part of the program. I think it'll be interesting to see the final product. It's interesting because what we've tried to do is to, everybody has given us a little bit of different piece of information, and I think that, I think in the long run after it's all, all of these oral interviews are put together, then we'll have a pretty good idea, which was the original group's idea was to, it was an opportunity to collect information before there weren't any people to collect that information from. You know, I was in Oklahoma City. No way to collect that information from 1911 and 1915. You know, you had to rely on the stories that had been passed down ten generations, but you know, here this is unique because we can get people who were here and involved here and their impressions and their ideas, so. We appreciate you coming in. I know your time is very valuable, and so we greatly appreciate it.

BRUCE: I'm happy to do it. I've enjoyed it.

THOMPSON: All right, thank you very much.

BRUCE: You bet.

THOMPSON: Thank you.

BRUCE: Okay.

End of interview.