

“Benschoter Audio Only”

Narrator: Reba Benschoter

Interviewer: Dr. Carl Greiner and Peter Soby

In attendance: Heather Brown

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Abstract: Benschoter begins her interview discussing her education background in psychology and how she wanted to apply it to the field of television. She describes how she used that knowledge to get hired at UNMC to create TV and video programming for early distance learning and group therapy with the Department of Psychology of the Nebraska Psychiatric Institute. She details the six year grant funded program working with Norfolk State Hospital to evaluate the effectiveness of television programming (1964-1970) and a partnership with VA hospitals (1968). Benschoter also describes the expansion of distance education through televisions and film at UNMC, first with the establishment of the Biomedical Communications Division (1970) and the learning resource center in the medical library (1971) and later working in conjunction with the College of Nursing and satellite campuses (1990s). She ends her interview covering her accomplishments in numerous “rural-focused projects” and planning internet-based courses during her tenure as Associate Dean of Allied Health.

Keywords: Wittson, Cecil; Johnson, Van; Nebraska Psychiatric Institute; Department of Psychiatry; Biomedical Communications Division; learning resource and center; College of Nursing; Swanson Hall; School of Allied Health; Rural Health Opportunities Program; Interdisciplinary Training for Healthcare in Rural Areas; Rural Health Distance Learning Research Center; television; National Institute of Mental Health; Northwestern Bell

Telephone Company; Norfolk State Hospital; distance education; Nebraska Educational TV; National Medical Audio-Visual Center; NEB*SAT

Carl Greiner: This is Dr. Carl Greiner. Today is September 30th, 2019. I'm interviewing Dr. Reba Benschoter. This interview is taking place on the campus of the University of Nebraska Medical Center in Omaha, Nebraska. This interview is sponsored by the McGoogan Library at the University of Nebraska Medical Center and is part of the Oral History [0:30] Project. Hi, Dr. Benschoter. I'm happy to be talking with you here today. I have a series of questions I would like to ask you. The first is, at UNMC, your career centered around the development and operation of a department that provided educational technology services, including television, photography, 16-millimeter film production, graphics and so-on, to support faculty, students, patients and the public. How do you get interested and involved in this field? [1:00]

Reba Benschoter: Well, my Bachelor of Arts degree was in English, with an emphasis on creative writing and a minor in art. During the period of 1940s, early '50s, television came on the scene and I got interested. It sounded like an exciting field that might be a career for me. So, I searched for a degree program where I could learn more about television. This led me [1:30] to Iowa State College, because I knew they had a pioneering television station, as I assumed they had a degree in television production, but no degree program. By some small miracle in 1952, Iowa State College was flooded with returning veterans that were desperate to get that college degree and go on with their lives. So, Iowa State was desperate [2:00] for Freshman English teachers. And I was offered the opportunity to teach Freshman English fresh out of college with a

bachelors for a year. This allowed me to go to Ames and get acquainted with television up close.

CG: You received your master's degree in psychology at Iowa State University. How'd this relate to your career goals?

RB: Well, since Iowa State College didn't offer degrees [2:30] in television production, I decided that psychology would provide a great foundation for future television media and media research. In fact, my master's thesis was a comparative study of 3-year retention by students who had been taught Psychology 101. Part of the group in the classroom, the other part using television [3:00] distance-learning. So, I think right off the bat I had established a— a use for that psychology degree in— in my television career.

CG: After your master's degree in 1956, what next?

RB: Well, in addition to the master's degree, I knew I needed some actual experience in television production if I was going to be marketable in the television world. [3:30] So, I found a job as a writer-producer at the Iowa State College station WOI-TV. I did this during my graduate studies. Then, with degree in hand, I got married, and my husband and I worked for a year in the new TV station in Ottumwa, Iowa. Then my husband got a position at KMTV in Omaha. We moved and I was ready to see what [4:00] the world had for me too.

CG: When you came to Omaha in 1957, what were your career goals?

RB: Well, I desperately wanted to use my writing and my production skills at one of Omaha's commercial TV stations. But I found out quickly that this was not possible. Spouses could not work at the same station with their spouse. And I could not work for

the competition. [4:30] So, I decided to see if I could use my psychology degree to find a job. I found the Nebraska Psychiatric Institute in the yellow pages and I called. I was interviewed by Dr. Cecil Wittson. To my utter amazement, the job he offered me suited my career goals to a T, and I accepted it. I wanted to be a part of his vision which he expressed so— [5:00] in such an exciting way. I wanted to be involved in the development of television and other audio-visual communication services for the Department of Psychiatry at Nebraska Psychiatric Institute.

CG: Describe the development of the communications division at Nebraska Psychiatric Institute.

RB: Well, first of all, Dr. Wittson was an amazing person. During his career as a Navy [5:30] psychiatrist in the late '40s and early '50s, he'd seen the new audio-visual technologies used effectively in the medical training of service personnel and the treatment and education of patients. He was convinced that these same tools could be useful to support his vision for a new approach to psychiatric treatment and education in Nebraska. In 1955, when he was [6:00] head of the Department of Psychiatry at the College of—Nebraska College of Medicine, he got funds from the state and built Nebraska Psychiatric Institute. He wired it for closed-circuit television and purchased motion picture and still cameras and darkroom equipment and audio-visual projectors, all without really knowing what he was going to do with it. He very wisely hired Van Johnson, [6:30] who was an army-trained television engineer, to handle the technical side of the development of television applications. But he needed somebody who knew or— or could learn how to write and produce television programs and 16-millimeter films, who could do photography, could make slides, and develop potential audio-visual

services. He picked me—hired me in [7:00] 1958 and the communications had its beginning—the Communications Division had its beginning with two employees and a lot of enthusiasm.

CG: Nebraska Psychiatric Institute was a pioneer in the development of two-way interactive television for medical use. How did it evolve?

RB: Dr. Wittson was particularly interested in the potential of television. He was [7:30] sure that it had great potential for teaching and patient treatment that could ultimately help all Nebraskans to receive quality mental health care, and even perhaps other health and education services, no matter where they lived. So, with this in mind, he set us to work. By 1960, Van Johnson had set up a temporary, rather primitive two-way interactive [8:00] television system to test the feasibility of distance learning. A neurology faculty member in the NPI building successfully taught neurology to medical students in a classroom across campus. I then wrote a grant that allowed an NPI therapist to study the effectiveness of group therapy with the therapist participating with two—via two-way television. The results achieved [8:30] were considered comparable to conventional group therapy with the therapists in the same room with their group. So, Dr. Wittson decided we were ready to take the next step.

CG: In 1964, the National Institute of Mental Health funded a 6-year grant to support the study of the effectiveness of two-way closed-circuit television. You were the project director. [9:00] Tell us about it.

RB: The positive results of the many experiments that we had just conducted convinced Dr. Wittson to move forward with a truly long-distance experiment. And that was the establishment and testing of the first long-distance two-way medical television system in

the United States. The grant proposed to help psychiatrists, social workers, psychologists, psychiatric [9:30] nurses, and speech therapists, other professional staff in Omaha work with the patients and staff at a 1,200 bed state mental hospital located 112 miles away in Norfolk, Nebraska. I was the grant writer and project director. Project engineer Van Johnson designed and installed the send-and-receive facilities. And he worked with the Northwestern Bell Telephone [10:00] Company. The company installed TV towers across the distance, leasing the two-way transmission system to NPI for \$48,000 a year. A lot of money in those days. As far as developing things like the TV system, there was a lot of trial and error. The engineers of the telephone company were invaluable. [10:30] The use of the existing television equipment that we had was imperative. And it was—it in itself was a sight to behold. The television cameras were massive and—and the television monitors or receivers were equally awkward and large. [11:00] At Norfolk State Hospital, we used a mop closet and converted it into a small TV studio for TV-receives site—for patient interviews. The—the engineers—our engineers had to go there and wire the—the conference rooms and other areas that would be used for that—for the applications. So, [11:30] it was—there was a certain amount of trial and error, you know. But it worked out.

CG: What were some of the specific applications?

RB: Well, when the system became operational December 1, 1964, NPI staff, psychiatrists and psychiatric residents began to help the minimal psychiatric staff [at] the state hospital, [12:00] by providing patient intake evaluations, continuing psychotherapy, and routine ward rounds. Treatment teams were created with Norfolk staff that made it possible to prescribe and monitor the effects of new drugs available to

treat mental illness. And ultimately, this approach resulted in great changes in patient outcomes and a decrease in the state hospital's patient population. [12:30] There were many other applications developed by users of the system. For example, collaborative in-service education programs were scheduled routinely between the professional groups at the institutions, and other Omaha-based specialties like neurology and speech therapy and voc rehab were able to provide quicker responses to patient needs. And [13:00] an interesting use, since most patients at the hospital were from the Omaha area, free time on the system was used to schedule patient visits. Omaha families could come to the NPI studio to visit with their family members who were patients at the state hospital. These experiences were considered therapeutic by the staff and, of course, were very popular to the patients and their families. [13:30] These and other uses of the technology developed and expanded over the five years of operation—had impressive results in most of the applications.

CG: Why did the Norfolk State Hospital project end? [14:30] What other applications of the technology were developed at UNMC?

RB: There were two primary reasons for the termination of the NPI/Norfolk interconnection. [14:00] First, the grant request indicated that our goal was, quote, “to show that effective utilization of a long distance two-way television communications connection could improve the professional climate of the state mental hospital involved and increase its ability to provide a wide range of clinical services,” end quote. NPI, us, and the funding agency [14:30] agreed that this goal had been accomplished, and the federal funding agency decided that no further grant funding would be necessary. And then, the second reason was the necessary funding to continue including \$50,000

annual transmission costs. The money was not available from state or university sources at that time. So, sadly, [15:00] the project ended and the interconnection ceased operation on February 28th of 1970. But we didn't give up on distance TV. 1968, we had already begun the establishment of a partnership with the VA administration for teaching and consultation. A grant-funded interconnection with the Omaha VA hospital was later expanded to connect UNMC with [15:30] Creighton and the Lincoln and Grand Island VA hospitals.

CG: When you presented early study results at the New York Academy of Sciences meeting in 1966, what was the reaction of the other health science institutions? Did it lead to a rapid growth of interactive television systems nationally?

RB: There was considerable interest in our Norfolk project because many other medical centers saw the potential of such technology to [16:00] reach out and help them carry out their service mission. So, we had many visitors and many opportunities for consultations. A few institutions had projects underway. However, growth was slow because of the lack of sophisticated cameras and transmission equipment, and the high cost—or actually the lack of available transmission systems.

CG: You first developed [16:30] and directed the audio-visual communication services for the Department of Psychiatry at NPI. In 1970, this unit was expanded by Dr. Wittson to create the Biomedical Communications Center to provide centralized educational media services to all of UNMC. Describe the facilities and staffing of this new center.

RB: Although we were administratively part of the Department of Psychiatry, we offered our services to other departments on [17:00] campus who were interested in using the new technologies. Finally in 1970, the Board of Regents created the Biomedical

Communications Division to officially expand services to all the campus. Our staff was growing and we were very crowded. So, when the old Library of Medicine location on the first—third and fourth level of the hospital was vacated and grant funds for construction were available, [17:30] Dr. Wittson saw the opportunity to move us to a more centralized location. Plans were drawn for a facility that would provide space for artists, photographers, writers, film library, audio-visual hardware distribution, and 16-millimeter film and television services with a real television studio. There was adequate space for new staff who were hired as new projects [18:00] and services were developed and funds became available. The NPI Communications Division remained a satellite service. And in 1972, satellites were created in the College of Nursing Resource Center and in the Meyer Rehabilitation Institute media services area.

CG: How did this expansion of mission change the scope of your department's services?

RB: Well, our basic services [18:30] remained the same. New services were added as there—as there was a demand, and as new technology coming on the scene required. For example, on-campus color film processing, computer-based graphic services were added. Our production staff was self-supporting, so there were modest charges for our production services. In 1972, Biomedical Communications [19:00] received a two-year Health Professions grant from the National Institute of Health. This helped broaden our activities in support of UNMC teaching programs. The grant supported the establishment of media resource files, expansion of production capabilities, and the production of teaching units for faculty.

CG: In 1971, the UNMC Medical Library created a learning resource [19:30] center.

What was your involvement in that project?

RB: Changes in techniques of health science education impacted both the library and Biomedical Communications. By the 1970s, with the growing emphasis on self-instruction as a teaching methodology, facilities and materials were needed to make this happen. When the UNMC Medical Library decided to establish a learning resource center, [20:00] I served as a co-project director and helped with planning the facility, its equipment, and the teaching materials it housed. My department also produced promotional materials to sell the faculty and students on the use of this innovative new facility.

CG: The College of Nursing points to your collaboration and moving their distance education efforts forward. Tell us about that effort.

RB: Because of great shortage [20:30] of nurses, especially in rural areas, our College of Nursing was a pioneer in its search for innovative ways they could expand their nursing degree programs to remote sites. Closed-circuit television seemed an answer. When the new college building was constructed, my television staff and I were involved in the design of classrooms for optimum use of this technology. Working with [21:00] Nebraska Educational Television, we developed ways to use their systems to establish the necessary television links to nursing classrooms. First with Lincoln, then Kearney and Scottsbluff.

CG: Were there other accomplishments you would like to mention?

RB: Well, there are several I could mention. In 1987, the Biomedical Communications Center administration, photography, [21:30] and graphics moved into remodeled areas

in Swanson Hall; television and classroom support services remained in the hospital; and we interconnected our department using a two-way television system. And then 1976, we were designated by the National Medical Audio-Visual Center as one of the six regional sites to present workshops for the enhancement of health science [22:00] teaching programs. Many workshops were offered on campus and across the state. From 1967 to 1977, the Biomedical Communications Center was involved in an NLM-sponsored graduate education program to train biomedical communications specialists.

CG: While continuing your biomedical communications responsibilities, you served [22:30] as associate dean for the School of Allied Health Professions from 1985 to 1995. Tell us about that experience.

RB: Because my biomedical communications training program was housed in the School of Allied Health Professions, I knew the other program directors and had been working with them for a number of years. Actually, the ten years spent as the dean of the [23:00] School of Allied Health Professions were extremely rewarding to me. The programs, which then included physician assistant, and radiology, nuclear med tech, physical therapy, nutrition, respiratory therapy, and clinical perfusion, were led by talented and effective professionals that were interested in making their programs the best possible as we built a strong school together. During my tenure, [23:30] programs were strengthened, faculty increased, grant funding increased, and innovative rural health manpower projects were developed and successfully carried out.

CG: One of your efforts during your time as dean focused on the increase of rural health manpower. Federal grants you received supported the school's involvement in the

campus-wide Rural Health Opportunities Program. What other rural-focused projects did you implement? [24:00]

RB: Both Biomedical Communications and the School of Allied Health Professions were really heavily involved in the planning, implementation of the many facets of the Rural Health Opportunities Program. In addition, we had several other grants. They included: 1975—we had a Media Resources for Rural Health training grant, which allowed us to select [24:30] and evaluate educational materials to be used by students serving health professions preceptorships in rural Nebraska. From 1990 to 1993, I was the project director on a grant funding model education products for the health professions, which included a study of allied health education and retention in rural Nebraska. [25:00] In 1993 and '94, we had a project called Interdisciplinary Training for Healthcare in Rural Areas. This funded the design and implementation of two-week educational/clinical experiences for interdisciplinary teams of students in such communities as Fairbury and Kearney and Hastings. [25:30] 1994-95, I was involved with NEB*SAT, which was an ETV television network. We produced student orientation models to assist students in the effective use of two-way television learning. And then in 1996, I was involved with planning internet courses [26:00] and resources for the development of those courses by faculty who were beginning to get excited about the use of the internet for—in their teaching activities. And probably the most exciting and challenging project of my career was the planning, designing and oversight of the creation of the Rural Health Education [26:30] Distance Learning Research Center. From 1993 to 1995, we worked on this project on the campus of the University of Kearney.

CG: When you look back at your career and accomplishments, what are you most proud of?

RB: As I look back, I think the most exciting part of my career and perhaps the area [27:00] where I'm most proud of the accomplishments that I made with the help of a great many other professional individuals was the development of interactive two-way television, from the black and white, very primitive Norfolk project, to the updating growth of the use [27:30] of interactive television on the medical center campus to reach out for many, many applications. And, of course, to the applications of that technology as we see it today. I am amazed when I see people—professionals who are using their cell phones to offer interviews, [28:00] therapy, to patients at remote sites. I knew it would happen, but I wasn't sure when.

CG: Well, I am delighted with the creativity that you've brought to your career, to NPI, and to the institution at UNMC. Thank you for your delightful and insightful comments.

RB: It has been my pleasure. [28:26]

[End of recording]