

Aluminum letters that will appear on the newly named University Hospital North, formerly Multnomah County Hospital, were poured at the Oregon Brass Foundry in early November. The University of Oregon Medical School Hospital's name will remain the same. Together the hospitals make up the University of Oregon Medical School Hospital System.



medical center
news
11/73 university of oregon medical center

Chancellor interviewed

Dr. Roy Lieuallen, chancellor of the Oregon State System of Higher Education, visited the University of Oregon Medical School campus, Friday, November 9. While here he discussed with Thelma Wilson, assistant director of public affairs, some aspects of the search for a president to head the University of Oregon Health Sciences Center.

Dr. Lieuallen, as a member of the search committee, can you tell me how you go about finding candidates for such a responsible position?

There are many ways of actually locating potential nominees—I use the word nominees instead of candidates because people don't really come out of the woodwork volunteering to be candidates for this kind of position. You have to seek them out and try to persuade them that this opportunity provides a real challenge and is one in which they ought to be interested. It's a searching job: you must go out and find people.

From all over the nation?

Yes. We found the president of one of our state colleges in Turkey. He was on temporary assignment there, but in that one instance at least we didn't limit ourselves to just the nation.

We seek nominees from persons qualified to judge who might be competent to fill this kind of role by turning to professional associations, to presidents of similar health science centers across the country, to deans of professional schools—any source that might be fruitful.

It's important to emphasize again, that we can't rely only on people exhibiting interest vol-

Annual giving campaign set

The Medical School needs your help!

This is the message being sent to the 3,000 graduates of the University of Oregon Medical School as the Alumni Association, in conjunction with the School's Advancement Fund, launches the first annual giving campaign.

"Needs of the Medical School that haven't been met and can't be met from other sources are growing daily," Dr. Ernest T. Livingstone, '51, Alumni president, told graduates in a special edition of *Report to the Alumni*. "With the recent and substantial cutbacks in Federal funds for research programs, general education support grants, fellowships and the like, and with a general belt-tightening as a result of the state legislative process, our Medical School like most in the United States is caught in the bind between increasing demands for production of health professionals and the same spiraling costs you face every day."

Goal set for the annual giving program by the Alumni is \$100,000 the first year.

The drive is being spearheaded by a steering committee, headed by Dr. Livingstone, and including Drs. Herbert Griswold, class of '43; Merl Margason, class of '23; Thomas Montgomery, class of '32; Gordon Summers, class of '65; Caroline Pommarane (Hon, '66), former UOMS registrar; Joseph Adams (Hon, '61), assistant dean; Mary Ann Lockwood, Alumni executive secretary (Hon, '73), and Larry Koch, development office.



Diane Ledgerwood, assistant director of publications, finds that since the cutback in electricity, the only way to read the bulletin boards in Mackenzie Hall is by candlelight. The drive to reduce power usage at UOMS started a few months ago and electric power usage has been decreased by more than 10 per cent campus wide. For more photos see page six.

Medical School graduates are being asked to contribute \$100 each during this campaign to support not only Alumni Association activities but institutional needs: scholarships, library books and periodicals, funds for special education projects, equipment, modern teaching aids, travel for prospective faculty members to come to Portland for interviews and "a whole host of other things which the institutional administrative officers, depart-

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n medical center news

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Medical Center News is published by the University of Oregon Medical School, 3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201 to inform students, employees, faculty, and friends of the institution of programs, activities and events of interest to them.

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Oregon Association of Editors
and Communicators
International Association of
Business Communicators

Interview continued

untarily. Most of the people we are really interested in are happy in the roles they are now in and we somehow have to sell them on a new challenge.

What do you think is the primary role of a president in this new Health Science Center?

It's not very different from the presidency of any of our other institutions. It, of course, has many elements, but three are particularly worth noting.

One is that a president has to be a kind of superintendent—he has to see that things get done; as an administrator, he has to be certain that the organization is adapted to the circumstances; that there are competent people in key roles; that there is constant pressure to get things done.

Second is the role a president will have as the connecting link between the institution and the many publics to whom the institution must relate. The president will be the official connecting link between the new Center and the Board of Higher Education—but not the only one. He will also be the major link between the Health Sciences Center and its constituents—the public, the professions, parents, the business community, Chamber of Commerce, the Portland metropolitan area, the many groups interested in this institution. Many people will provide these links, of course—the deans, faculty, department heads, and the like, but the president is the key—the official link between the institution, its publics and the Board of Higher Education.

Giving continued

mental chairmen and hospital administrators require in order to maintain current activities with some measure of excellence."

Inherent in the plan for the annual giving program is the phasing out of the Alumni Association's dues solicitation which last year brought in \$21,000 used to support its activities including the Alumni Scholars program.

"We believe it is absolutely essential that graduates of this School be in the forefront of the financial contributors to the institution," Dr. Livingstone said. "Too often the question from a potential donor is, 'what are the Alumni doing?'"

"It comes down to this. If Alumni do not take a real, visible interest in their school, then it is doubtful that the foundations, corporations and individuals being approached by members of the Advancement Fund Board and development office staff will do so either."

Faculty will also be given an opportunity to participate in the annual giving program through a special mailing, Larry Koch of the development office reported.

Faculty gifts, like those of alumni, are tax deductible.

The third role is the most important, and that is leadership. This, in my view, becomes crucial in terms of how the president decides to fill this role.

It is my hope that the person we finally select will not be someone who perceives himself as "the leader" in the sense of providing all the imagination, creativity and innovation the institution needs. I don't mean he shouldn't have some of this, but primarily his perception of leadership ought to be that of establishing within the institution the kind of climate that will open channels of communication and encourage the leadership potential that is apparent within this institution. This means that staff members must feel free to propose policy and program changes, but in addition to feeling free to propose them, must have clearly identifiable channels so that the proposals can find themselves on the way into actual policy implementation. These ideas have to get through to the president and to the Board and the way the institution is organized so that this will occur is to be an important measure of the man's leadership. This is in contrast to the person who says, "I am the leader and I will provide the innovation and imagination."

This is going to be quite a paragon. What kind of background should he have?

I suppose I am less concerned about his background in terms of experience than many other people are. It would be ideal, of course, if he could have experience in all the elements of the newly formed health sciences center.

Should he be a physician?

I would not make the automatic assumption that he will need to be a physician. In all likelihood he will be a physician, but we may find a man or woman who is not a physician who, nonetheless, has had experience in the health sciences and hopefully in some kind of organization similar to the one we have here. I am more concerned about personal qualities than I am about background. As evidence often demonstrates, the kind of circumstances a competent person finds himself in will bring out his abilities much more effectively than simply having in his background the kinds of experiences that he could act upon. That might make him a kind of imitative person. If you insist, for example, that his background encompass all of the things I've talked about, and all of the things important to a Health Sciences Center, you are probably not going to find such a person; and you might very well find a person who has more rigidity than we really want. Probably a physician, but not necessarily so.

Do you think he is going to . . .

He or she!

What qualities other than those you outlined do you hope to see in this person—what personal qualities?

In order to do the things I've described he has to be pretty bright.

Continued on page 3

Resource center opens

A new experimental laboratory designed to develop better methods for teaching medical-surgical nursing was dedicated at the University of Oregon School of Nursing October 3.

The Learning Resource Center, part of a \$428,000 five-year pilot project, is the only federally-supported program in the country aimed at bringing about innovative changes in nursing curriculum at both the undergraduate and graduate levels.

For the past 15 months faculty assigned to the project have been developing an experimental curriculum which provides for new teaching methods and evaluation techniques, incorporating the latest developments in self-directed study audio visual aids.

One of the problems faced by baccalaureate nursing schools is the wide range of experience of students entering the program. Some come into the school from pre-nursing courses with no experience, others are registered nurses with years of experience.

The new experimental approach is designed to allow students to advance through the course work as rapidly as their abilities allow.

"We must provide methods of teaching that will be sensitive to the individual's current level, learning rate and learning style and to do it more

efficiently than ever before. Also, by emphasizing the use of individual study programs, we hope to devote more faculty time to work with each student in direct patient care," said Jean E. Boyle, Nursing School dean.

Dean Boyle further emphasized that results of the pilot project not only could be applied to the remainder of the Nursing School's curriculum, but also provide a model for other nursing education institutions around the country.

Dr. Gerald W. Miller, former instruction development specialist with the Florida State University Division of Instruction Research and Service, directs the project, which is headquartered in Emma Jones Hall on the Medical School campus.

Facilities at the new demonstration center include individual study learning carrels, equipped with multiple audio-visual aids, three behavioral demonstration laboratories with hospital beds and related equipment and facilities for either live or televised observation of the student nurse.

Mrs. Elizabeth Johnson, member of the State Board of Higher Education, told some 125 health educators gathered for dedication ceremonies at the Center that, "The primary role of the Learning Resource Center is to make available to each instructor the necessary means by which innovative instruction can be designed, developed, demonstrated and evaluated. It puts the student in touch



Mrs. Elizabeth Johnson

with at least six kinds of resources for the improvement of his own learning experiences: with knowledgeable people; with tools or equipment, like TV computers, videotape and audio-visual cassettes; with learning material such as books, journals, articles; with facilities like the small-group instruction rooms and the study carrels; and ways of evaluating or testing his own progress and mastery of skills and content. It reinforces an old Chinese proverb that goes: 'I hear and I forget; I see and I remember; I do and I understand.'"

Interview continued

Second, he has to be articulate. Third, he (and I mean she, too) must be personable in the better sense of being able to relate effectively to people and draw out the best in them. I guess the fourth quality I would identify is that he needs to be a superb organizer and have an organized approach.

What kind of problems do you think he or she is going to face?

His problems will vary depending upon who he is to some extent. If, for example, it should be decided that the president will not be a physician, one of his major and initial problems will be to gain the confidence of his constituency in the Health Sciences Center. It seems to me it will be more difficult for someone who is not a physician to obtain that confidence—so he would have to overcome the skepticism of the medical community if he does not have that particular element.

If he is a physician, on the other hand, he may have some initial problems satisfying some of the other constituents outside of the Medical School. He must convince them he has their best interests at heart as well. I think gaining

the confidence of his constituencies will be a major problem.

And, in that respect, I'd just like to observe that the procedure we follow in identifying nominees and in the final selection process is designed to see that he starts out with a certain amount of that kind of confidence. No one who doesn't have the approval of the search committee—which is representative of all the health sciences community—will be appointed president. He'll have some support at the outset.

Another problem as I perceive it is that of examining what's coming on the horizon in the health sciences and having the perception and willingness to tap all resources in such a fashion that he can accurately predict and plan for the future. The Board believes, and I believe, that one of the major frontiers in the next few decades will be the health of people and health care delivery.

With this in mind, and believing that this calls for tight organization, unification, and coordination, we're putting all of these units on the Hill under a single administration to permit unified planning and this kind of unified plan will be one of the president's big problems.

Development position filled

Paul R. Weiser was named director of development at the UOMS according to an announcement by Charles N. Holman, dean of the University of Oregon Medical School, and Harold Sand, president of the UOMS Advancement Fund Board and executive vice-president of Georgia-Pacific.



Mr. Weiser replaces Dallas Finnell, who left the School September 1 to take the position of director of development at the Salk Institute at La Jolla, California.

Before coming to the Medical School November 19, Mr. Weiser was director of development at Utah State University. He received a B.A. degree from Brigham Young University and he did graduate work at BYU and Utah State University.

Mr. Weiser will work under the supervision of J. J. Adams, assistant dean, and he will serve as the executive director of the Medical School Advancement Fund.

Patient's bill of rights

The University of Oregon Medical School Hospitals and Clinics have supported the American Hospital Association's Patient's Bill of Rights which was affirmed by its Board of Trustees last fall.

The AHA presented the Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the hospital organization.

Further, the AHA presents these rights in the expectation that they will be supported by the hospital on behalf of its patients, as an integral part of the healing process. The rights are:

1. The patient has the right to considerate and respectful care.

2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name, the physician responsible for coordinating his care.

3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent, should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.

5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible a patient may be transferred to another facility only after he has



received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who are treating him.

9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements.

11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

The number of outpatient visits in community hospitals in the United States has doubled since 1960.

Retirements

Oral Snively will retire November 1 after 16 years as a plumber for the Physical Plant at the University of Oregon Medical School, but his family has plenty of work for him to do.



"My family has work lined up for the next six months. My daughter wants some plumbing done and my son wants me to come to Seattle and help him with his new home," said Mr. Snively.

He plans to help his family but not until he has spent a week or so deer and elk hunting. He also plans to travel. "My wife and I want to go all over. There are so many places we have never seen, even in Oregon," he commented adding that they might have to alter their plans somewhat depending on the gas situation.

Even with a full schedule planned, Mr. Snively will miss working on the Hill. "The nicest part about working here has been the association with the great guys and gals. This is the thing I am going to miss."

OTHER RETIREMENTS:

Lucille H. Flint, TB Hospital
Amparo Avilla, UHN nursing
Florence Owens, UHN nursing

Division added under medicine

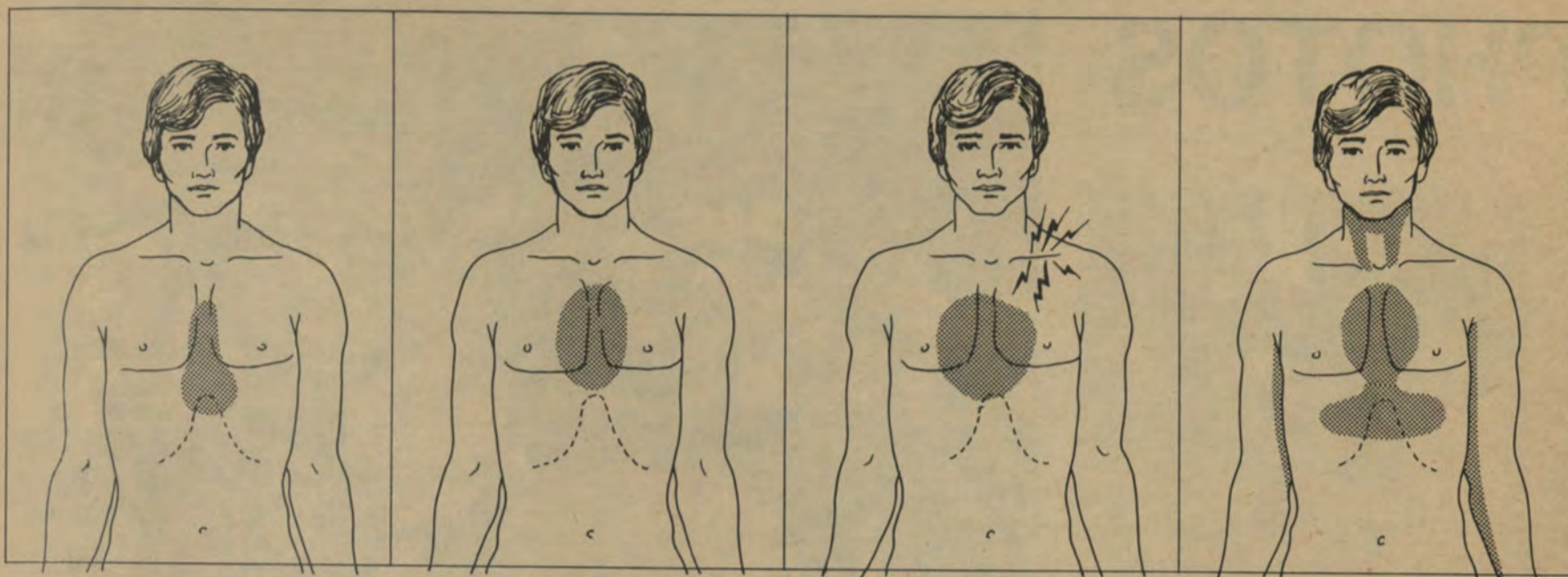
A division of nephrology, headed by Dr. George A. Porter, has been established at the University of Oregon Medical School.

Under the department of medicine the new division will provide additional teaching emphasis to the study of kidney diseases. Medicine department chairman, Dr. J. David Bristow, said rapid expansion of the collaborative UOMS-Veterans Administration Hospitals' kidney transplant program as well as the heavy work load in the dialysis units had prompted formation of the separate division.

Road constructed

The Oregon Army National Guard constructed a new access road September 29-30 at the University of Oregon Medical School Research Farm.

About 25 men from Company B, 1249th Engineer Battalion in Lake Oswego spent the weekend on the project. The Guard provided men and equipment and the Medical School furnished supplies. The new access will replace the old road which partially passed through a neighbor's farm.



Heart attacks strike young

Heart attacks strike more than one million Americans each year. Of those million, more than half of them will die without ever reaching a hospital.

According to the American Heart Association, the trend for heart attacks among younger men has been rising steadily for two decades. For men between 25 and 44, the coronary death rate has gone up 14 per cent—from 46 to 52 per 100,000 since 1950. The mortality among men between 45 and 64 has risen four per cent—from 575 to 598 per 100,000.

Heart attacks predominately strike the elderly, but 176,000 of the 675,000 Americans who will die from coronaries this year will be under 65, victims of what public health officials call "premature" heart disease.

Even today with the well-equipped coronary care detection and treatment units there has been little impact on the growing death toll from coronaries. More than half of those who die of heart attacks each year never reach a hospital. For many, death comes in a matter of seconds or minutes.

Thousands of Americans die or risk death because they are unable to recognize the early symptoms of a heart attack or stroke and seek help in time. Many others are psychologically unwilling

to face up to the possibility that they may have suffered a coronary.

Many medical centers around the country and the American Heart Association are beginning to educate the public as to the symptoms of an attack and what to do when one strikes.

Dr. Herbert Griswold, professor of medicine at the University of Oregon Medical School, points out that while the symptoms vary, the usual warnings are: prolonged, oppressive pain or unusual discomfort in the center of the chest, behind the breastbone; pain that may radiate to the shoulder, arm, neck or jaw; pain or discomfort that is often accompanied by sweating. Nausea, vomiting and shortness of breath may also occur along with symptoms that sometimes subside and then return.

He says that if these symptoms occur, immediately call your doctor or, if your doctor is unavailable, go to a hospital emergency room at once.

The warning signs for a stroke differ but are just as important to identify. They are: a sudden, temporary weakness or numbness of the face, arm or leg; temporary difficulty or loss of speech, or trouble understanding speech; sudden, temporary dimness or loss of vision, particularly in one eye; an episode of double vision; unexplained head-

The first three diagrams show the position of the heart and the warning patterns of pain. Doctors stress that when heart attack symptoms occur the patient should notify his physician or go to the emergency room. The fourth diagram shows the sensations that are not cardiac related. The dull soreness or jabbing pains in the left side of the chest, often associated with tension, are not signs of a heart attack or stroke.

aches; temporary dizziness or unsteadiness; a recent change in personality or mental ability.

If one or more of these occur you should call your doctor.

Graduates given pins, certificates

Forty-seven men and women received medical technology certification at ceremonies on the University of Oregon Medical School campus August 31.

Pins and certificates were awarded the graduates by Dr. Margaret E. Berroth, director of the medical technology program, and Mary Baptist, teaching supervisor.

Graduates of the program, which was the largest in the nation, listened to Elizabeth J. Lundgren, director of the Division of Allied Health Studies at Florida's Miami-Dade Junior College, deliver the commencement address, "The High Hopes of Barnabas Binney."

The 12-month course, which follows a minimum of three years of college work, is approved by the Registry of Medical Technologists of the American Society of Clinical pathologists and by the American Medical Association's Council on Medical Education and Hospitals.

Day care center at CDRC

A creative learning program for children of University of Oregon Medical School employees and students, and a child care facility for the brothers and sisters of CCD patients opened September 1 at the Child Development and Rehabilitation Center.

The day care and preschool facility is open to children three to five years old with a maximum of 20 full-time day care students.

Two experienced full-time teachers are running the Hill Learning Center Monday through Friday.

The basic curriculum areas are housekeeping, blocks, library, art, puzzle and table games, water play, carpentry, live animals and music. An outdoor fenced play area is being used for sand play, larger play equipment and wheeled toys.

According to Rose Petersen, teacher and director of the program, the objectives are for each child to gain a feeling of security, a positive concept of himself, a sense of personal responsibility, social growth, growth in motor coordination, and meanings and concepts which prepare the child for future learning.

FIGURES FOR THE ANNUAL United Good Neighbors Drive were up this year with employees and faculty members giving \$27,562 as opposed to \$22,328 for last year.

PHOTOS



Second place winner in the Mackenzie Hall pumpkin carving contest was Travella Howard, lab assistant for clinical pathology at University of Oregon Medical School. She smiles as she displays her jack-o-lantern that has a family carved around the four sides. First place winner was Dick Speight, registrar. Dave O'Hara, cafeteria manager of ARA services, set up the contest with the winners receiving free lunches for a week.



Alene Corno takes time out from a class at CDRC to look in amazement at the 150-pound pumpkin (after carving) done by Lindsey Norman, in the genetics clinic. In the background are the entries for the Crippled Children's Division's Third Annual Flower Show. Winners were Dr. Paul Rasmussen, professor of pediatrics, and Gertrude Lister, supervisor of clinic secretaries, first and second place in the single and group flower divisions; Merry Meek, speech therapist, and Ruth Spoerli, social worker, winners in the flower arrangement category, and Eralia Gonzales, secretary to social work, and Dr. David Macfarlane, associate professor of pediatrics, first and second in the most unusual section.



Physical plant employees keep close tabs on energy consumption at UOMS. Henry Ferguson, electrician, top photo, checks the automatic meter that turns off the outdoor lights. Bill Coultas, air conditioning and refrigeration repairman, below, makes sure the cooling systems are turned off. Power usage has decreased more than 10 per cent campus wide.

First woman to work on the grounds crew pulls weeds outside of Mackenzie Hall cafeteria. Linda Anderson, photo right, was hired to work only a few weeks but plans to look for a job in a greenhouse or nursery when she completes the temporary job on the Hill. She is the former secretary to Dr. John T. Van Bruggen, professor of biochemistry. The physical plant building, below, got a new look this fall when the Medical Graphics department designed its new face. The color coded departments and big letters help direct traffic according to Ralph Tuomi, director of the physical plant. He says that people can really see where they are going—and it's no wonder.



Two graduate from program

The first child psychiatry fellow was graduated from the University of Oregon Medical School July, 1973 and another fellow will complete the program in January.

The two years of specialty training, under direction of Dr. John Lingas, associate professor of psychiatry, began at UOMS on July 15, 1971. The program follows a minimum of two years in general psychiatry. The child psychiatrist is certified first by the American Board of Psychiatry and Neurology in general psychiatry and then he is eligible to take the examination to be certified in child psychiatry.

In Oregon there are currently twelve board certified or board eligible child psychiatrists, and all but one are located in the Portland metropolitan area. There are now approximately 700-800 certified child psychiatrists in the United States, explained Dr. Lingas.

According to Dr. Lingas, the term child psychiatry encompasses an age range from birth to young adulthood. He said, "The training for the fellows follows two parallel lines: the normal and the abnormal. Emphasis is placed on learning what is generally considered to be normal growth and development in this American culture and sub-cultures, and along with that one learns those things which interfere with a normal maturation process be they organic, personal, inter-personal, social or cultural in origin."

The formal side of the training includes individual and group supervision of the fellows in the various areas of their work, case conferences and clinical seminars with direct observation of the students working with children and families. There are also seminars in literature, psychotherapy, normal growth and development and community psychiatry.

Handicapped to benefit from will

Oregon children with physical and mental handicaps have been remembered in the will of the late Maida Rossiter Bailey of Bend, who died March, 1972.

The Crippled Children's Division of the University of Oregon Medical School has received a bequest of \$18,650 from Mrs. Bailey's estate, to be used for the care of crippled children.

Although she had no children of her own, Mrs. Bailey was particularly sensitive to the special needs of handicapped children. For 20 years she suffered progressive crippling resulting from a hip injury. Her legacy will be used to help provide care in the form of diagnosis and treatment for handicapped youngsters.

VIPs

OCTOBER

Service Anniversaries—from Personnel

- 5** Frances Rodgers, dormitory
Richard Yetter, personnel
Sherdon Morey, physical plant
Shirley Geis, medicine
Curtin Ray Mitchell, otolaryngology
Shirley Ann Sibert, hospital nursing
Marjorie W. Schacht, hospital nursing
William Jennings, TB Hospital
Victoria Marks, clinic nursing
Robert D. Nelson, clinical pathology
Wanda L. Lautzenhiser, clinical pathology
Lorena Kipp, business office
Michael Howard, clinical pathology
Wendell Guy Krasselt, clinical pathology
- 10** Dr. Robert Blakeley, CCD
Charlotte Markel, School of Nursing
- 15** Allan Kimmey, clinical pathology
Elma Lehto, cardiology
Mary Leach, hospital nursing
Leon Vanderhoof, TB Hospital
Zelma T. Stocklen, medical genetics
- 20** Russel Anderson, physical plant
Fred B. Arfman, physiology

Moving Up

- Colleen Burns, inst wkr 1 to inst wkr 2, hospital housekeeping
Carolyn Bawden, RN 1 to RN 2, hospital nursing
Shirley D. Howe, RN 1 to RN 3, hospital nursing
Janet E. McQuilken, RN 1 to RN 2, hospital nursing
Linda Smart, clrk 3 to clrk 4, payroll
Virginia N. Sierp, keypunch opr 2 to keypunch supr, computer center
Kay J. Wanke, RN 1 to RN 2, hospital nursing

Sharon Yeaman, clrk 1T to clrk 2, med rec
Dora L. Bonham, clrk 2 to clrk 3, med corresp
Bernice Andreotti, clrk 1T to clrk 2T, med rec
Helen Kinish, domestic wkr 2 to inst wkr 2, hospital dietary
Laurie K. Litowinsky, domestic wkr 2 to cust wkr 2, cafeteria
Grace Simmons, inst wkr 1 to inst wkr 2, OPC nursing

New Faculty

Full-time

Karen Mischke, assistant professor of nursing, assistant professor of CCD
Brenda H. Moore, instructor CCD
Dr. Kent Thornburg, instructor in physiology
Lynn Y. Yustin, instructor in community health nursing

Volunteer

Dr. Price Gripekoven, clinical instructor in orthopedics
Dr. J. Tony Madeira, clinical instructor in radiology
Dr. Louis H. McCraw, clinical instructor in surgery
Dr. Thomas Perry, clinical instructor in dermatology
Dr. Jan Sarnecki, clinical instructor in orthopedics
Dr. Richard Henry Steinberg, clinical instructor in pediatrics
Dr. Howard Anderson, clinical instructor in dematology
Dr. Morris Button, clinical instructor in orthopedic surgery
Dr. Frederick J. F. Brossart, clinical instructor in surgery
Dr. John A. Currier, clinical instructor in pediatrics
Dr. Robert Lee Goetz, clinical instructor in pediatrics
Dr. Marshall Colman Goldberg, clinical instructor in public health and preventive medicine
Dr. Kathryn D. Iorio, clinical instructor in pediatrics

Campus bulletin board

The American Society for Clinical Pharmacology and Therapeutics is seeking membership from qualified candidates. The objectives of the Society and details about it are on the first page of the membership application forms which can be seen in the Public Affairs office, Administration 1011. Also available is a directory of the Society so that applicants may find names of sponsors whom they know.

The William Osler Medal of the American Association for the History of Medicine, plus a \$200 prize will be awarded the best unpublished essay on a medico-historical subject written by a medical student in the United States. All students who are candidates for the degree of Doctor of Medicine, or who graduated in 1973, are eligible.

Applicants must submit three copies of an essay by March 1, 1974 to Dr. Chester Burns, University of Texas Medical Branch, Galveston, Texas 77550.

The SAMA-University of Texas Medical Branch Stu-

dent Research Forum will be April 24-27 at Galveston, Texas. Several awards for outstanding research will be presented to medical students. Awards to be given are The Mead Johnson Awards, Roche Awards (neurology and psychiatry), The Gip A. Hudson Memorial Award (liver and liver diseases), the Houston Multiple Sclerosis Society Award, The Bay Area Heart Association Awards, The James W. McLaughlin Awards (infectious disease and immunity). For more information write 1974 SAMA-UTMB National Student Research Forum, Room 207, Libbie Moody Thompson Basic Sciences Building, The University of Texas Medical Branch, Galveston, Texas 77550.

The National Cancer Institute is looking for organizations capable of carrying out a research and development program in conducting clinical studies evaluating the addition of nonhormonal therapy to endocrine ablativ or hormone additive therapy in patients with breast cancer. Anyone interested in the project should call the office of research services, ext. 7784, at University of Oregon Medical School.

NEWSMAKERS

Dr. Julian Taplin, program director of the Carl V. Morrison Center for Youth and Family Service and assistant clinical professor of psychiatry (psychology) at University of Oregon Medical School, has collaborated with several other psychologists in writing, *Clinical Psychology: Expanding Horizons*. The book is addressed to psychology students considering clinical psychology as a specialty, graduate students and professional workers in psychology and related fields.

Recently appointed president of the Pomona College Associates for 1973-74 was Dr. Winfield Herman, former professor of urology at UOMS.

Dr. Herman E. Wyandt, research associate in medical genetics at UOMS, is one of 21 U.S. scientists to receive a March of Dimes grant of \$18,381 for one year under a program to enable young scientists to start their own research projects in birth defects.

He will try to learn which chemical and physical properties of chromosome regions correspond to affinity for various staining agents, and where different types of chromosomal material concentrate in the cell nucleus when the cell is not dividing.

Two professors from the University of Oregon Medical School have announced plans for study abroad in 1974. Dr. Richard T. Jones, chairman of the department of biochemistry, will be on leave of absence January 1 to August 31, 1974, for study and research in the Medical Research Council of Molecular Biology at the University Postgraduate Medical School, Cambridge, England. He will be working on the structure and function of abnormal human hemoglobins. From February 1 to May 31, 1974, Dr. Walter C. Lobitz, chairman of the dermatology department, will be on leave to do research and study at the University of Copenhagen (Denmark).

Named treasurer of the State Business Management Association at its meeting in October was M. Ronald Parelius, business manager at University of Oregon Medical School. The organization takes in state employees engaged in all aspects of state business.

The State Health Commission was appointed recently by Governor Tom McCall. The 13-member panel, which will assume duties formerly divided between the State Comprehensive Health Planning Authority and the State Board of Health, was created by SB 314, passed by the Legislature earlier this year. Physician members of the new commission are Drs. Robert L. Hare, associate clinical professor of medicine at UOMS; Dale C. Reynolds, clinical instructor in family practice at UOMS, and Frederick H. Bentley, clinical instructor in surgery at UOMS.

Max Kersbergen has been named administrator of University Hospital North. He has been assistant administrator under the late Dr. Jarvis Gould and Dr. Michael Baird.

Grant awarded

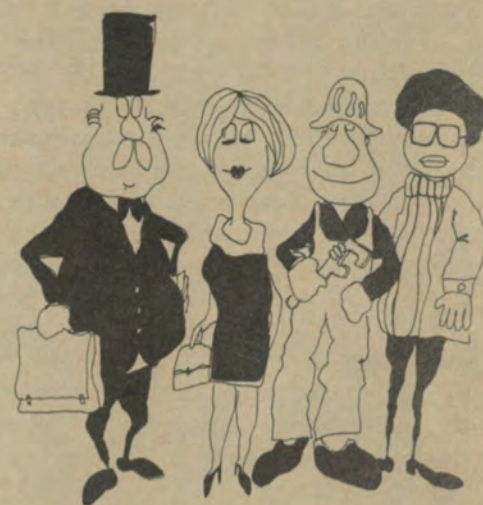
For the 14th consecutive year the University of Oregon Medical School's department of ophthalmology has received a grant designed to promote new techniques and concepts in the saving of sight.

The current grant of \$5,000 comes from Research to Prevent Blindness, Inc. (RPB) and brings the total to \$75,000 awarded the UOMS by RPB.

According to Dr. Kenneth C. Swan, chairman of the UOMS ophthalmology department, the funds can be channeled where needed most urgently.

"The return on such an investment is enormous, influencing the total progress of our work in the prevention of blindness."

Dr. Jules Stein, chairman of RPB, said in announcing the grant, "With other major medical institutions across the country, UOMS is part of a growing nationwide effort to end the tragedy of visual loss."



The energy crisis is everybody's business

Assistant named

Annette Molitor has recently been named the assistant director of nursing at the Medical School Hospital South. She was formerly administrative supervisor of Northern State Hospital in Sedro Wooley, Washington. Ms. Molitor is a graduate of the University of Washington School of Nursing and co-author of *Problem Oriented Medical Record: A Psychiatric Approach*, to be released in 1974.

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