



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

NEWS

Health Sciences Center News is published by the University of Oregon Health Sciences Center to inform students, employees, faculty and friends of the institution of programs, activities and events of interest to them.

AMA president points to medicine's "quiet revolution"

Dr. Max Parrott, president of the American Medical Association and faculty member and graduate of the HSC School of Medicine, comments on the "quiet revolution" in medical education in the United States.

Passing legislation to remedy the shortcomings of the medical profession is a popular plan of action in politics today.

However, changes from within are slowly, though steadily, bringing about a natural evolution in medical education which would make much of this legislation superfluous.

A "quiet revolution" has taken place in American medical education, according to Dr. Max Parrott, president of the American Medical Association, HSC as-

sistant clinical professor of obstetrics and gynecology, and 1940 graduate of the School of Medicine.

"The quiet revolution . . . has come about with very little fanfare and none of the attendant disruptions which would be part of any governmental programs designed to bring about these changes," he commented.

A resolution of the physician shortage problem is part of the quiet revolution, reports Dr. Parrott. Although it is generally accepted that there is a shortage of physicians in the U.S., it is not so much a shortage as it is a maldistribution by specialty.

For years, most young doctors have chosen to follow narrow medical specialties, and few elected to train in "primary care" (i.e., general and family practice, internal medicine, pediatrics, and obstetrics and gynecology). In addi-

tion, most specialists chose to establish an urban practice, leaving rural areas in short supply of physicians.

However, the trend has now altered sharply in favor of primary practice. Dr. Parrott reports that in 1973, the AMA set as a "desirable" goal the attainment of 50 per cent of all new M.D.s entering primary care residency programs.

In 1974, 58 per cent of all newly graduated medical students chose primary care rather than specialty residencies. Even that percentage will probably increase, because 96 of the nation's 114 medical schools now offer family practice programs, whereas two years ago only 49 had such programs.

It has been shown that physicians trained in family practice have a greater tendency to settle in rural areas, a factor which will alleviate the rural physician shortage.

An increase in the number of medical students is another element of the quiet revolution. There has been a 69 per cent increase in the number of first-year medical students in the past 10 years. This is the result of a national effort in which the Health Sciences Center has participated.

Despite the growth of enrollment in American medical schools, the student-teacher ratio remains 1.5 to 1, thanks to a great number of physicians who volunteer their time as teachers. One out of every three physicians in the nation is a teacher, and a majority donate their services.

The HSC School of Medicine has always been a leader in this volunteer teaching arrangement, which helps staff the School as well as keep the volunteer physician in touch with the latest in
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Aspirin viewed as cure-all

Name an ailment and someone, at one time or another, has probably taken aspirin to relieve it.

"Aspirin is the most widely and indiscriminately used drug," according to Dr. Herbert Wendel, associate professor of pharmacology and head of the division of clinical pharmacology at the HSC.

Due to its availability and "cure all" reputation, aspirin is taken unnecessarily many times, Dr. Wendel said.

"There is no evidence that taking aspirin shortens the duration of a common cold in comparison to letting a cold run its natural course," Dr. Wendel said. "And aspirin is not helpful for stomach or intestinal problems."

On the other hand, aspirin, because it is an analgesic, is effective in relieving such things as headache and muscle ache which often accompany a cold. It is also of real value, Dr. Wendel said, in lowering fever.

A negative effect of taking aspirin is possible allergic reaction resulting in asthma. Also "children are usually the ones that get unintentionally high dosages of aspirin. Poisoning by aspirin is very common among children," he said.

He points out that aspirin may actually help the spread of a person's cold symptoms to others.

Tests by University of Illinois researchers have shown that when a person who already has a cold takes aspirin, the amount of viruses in his nasal secretions actually increases.

People catch colds by inhaling the droplets expelled by cold-sufferers who do not cover their nose and mouth when they sneeze or cough. If those with colds also take aspirin, they may be even more of a menace, the research showed.

Probably the most important factor in creating belief in the benefit of aspirin and other drugs is the continuous exposure of the public to advertising in the mass media, especially television, Dr. Wendel said.

Every time a person feels in less than tip-top shape, he should not automatically rush to the aspirin bottle, according to Dr. Wendel.

"We should realize that there are some problems which we should wait and see about. There are times in your life when you don't feel well. But to take an aspirin immediately during these times is not recommended. Before you do, you should wait and see," he said.

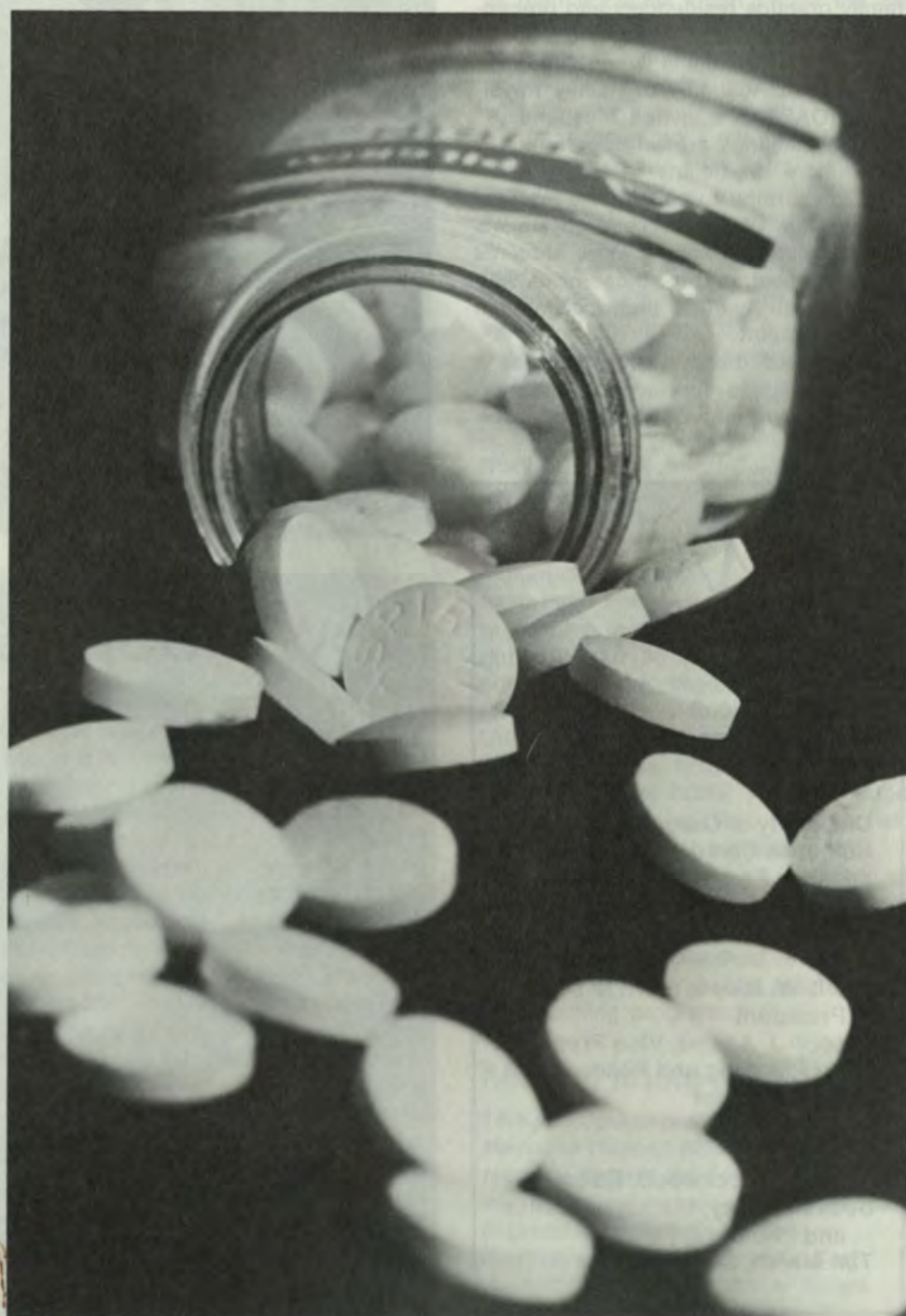
Americans have come to view aspirin as a cure-all drug. Millions of these little pills are consumed each year, making them the nation's most indiscriminately used drug.

Conference held

A conference presenting recent developments in early identification and assessment of hearing and speech disorders in young children was held in February at the Child Development and Rehabilitation Center.

Nationally known speakers included Dr. James Jerger of Baylor College of Medicine, Dr. John Frankenburg of the University of Colorado Medical Center, and Dr. Elizabeth Prather of the University of Washington.

A total of 240 speech specialists, pediatricians and other professionals from Oregon, Washington, Idaho and Alaska attended the conference.



Health Service Agency board members chosen

A Health Service Agency (HSA) for northwest Oregon moved a step closer to existence January 14 when a slate of 50 health care consumers and providers was designated as the Agency's board of directors.

One consumer-member is still to be selected by Governor Robert Straub.

The slate was chosen at a meeting of the board of directors of the Portland Metropolitan Comprehensive Health Planning Association (CHPA). The CHPA has applied for designation as a

Health Service Agency under the National Health Planning and Resources Development Act of 1974.

The CHPA hopes to learn of approval of its designation as an HSA from the Department of Health, Education, and Welfare in March.

The Health Service Agency's board, which will have 28 health care consumers and 23 providers, will govern the six-county Health Service Area (Area I)

which includes Portland. (Oregon will have two other Health Service Areas.)

In addition to providing a final platform for discussion of and challenges to the nominations of board members, last month's meeting consisted of discussions of staffing plans, budget, work, program, organizational structure for the new agency, and procedures to form sub-area advisory councils.

Once established, the HSAs will have considerable power over the formulation and implementation of health care

policy in their area and in the state, including distribution of federal funds.

The CHPA hopes to learn of approval of its designation as an HSA from the Department of Health, Education, and Welfare in March.

(If their application is accepted, the CHPA will cease to function in its present capacity.)

Dr. Donald Kassebaum, director of hospitals and clinics, will be the Health Sciences Center's representative on the new HSA board.

Club lends support to Oregon's future family physicians

A *Wall Street Journal* article last year bemoaned the disappearance of the old-fashioned general practitioner, saying that his reduced numbers have left "millions of Americans with almost no medical care and millions more with the problem of scouting their way through a maze of specialists and super-specialists to find the doctor whose expertise happens to coincide with their illness of the moment."

While the shortage of primary care physicians is far from over, in recent years, almost 60 per cent of graduating medical students in America have chosen residencies in primary care.

Medical students in the HSC School of Medicine who are considering a career in the burgeoning field of family practice are finding support and direction through the School's Family Practice Club.

Students considering a career in the burgeoning field of family practice are finding support and direction in the School's Family Practice Club.

The 150-member club meets monthly to hear talks on subjects ranging from family practice residencies and preceptorships to drug advertising and medical marriages. Physicians who belong to the Oregon Academy of Family Physicians (OAFP) are invited to attend.

"The meetings are an opportunity to meet more physicians in family practice," according to sophomore medical student Jim Walker. "These physicians are interested in seeing more students enter the field, and for those of us who have tentatively made that decision, it's a lot of support."

Jim added that the club provides a communications link among the normally isolated upper and lower classes.

"We can learn a lot from each other. As sophomores, we're finding out from upperclassmen what subjects we should be especially concentrating on for next year. And we can provide some support to freshmen who are struggling with what we went through last year."

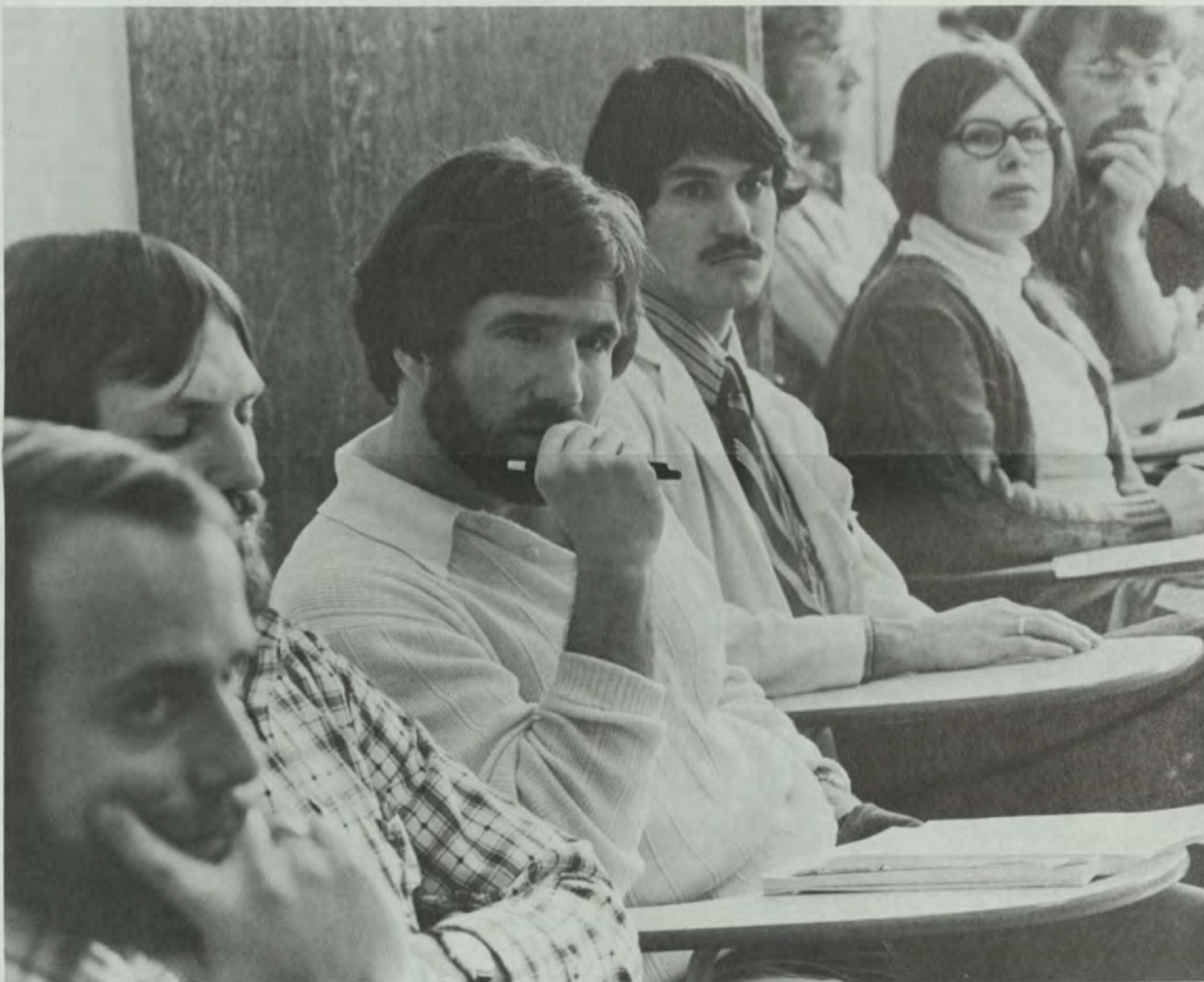
The Family Practice Club also over-

sees the freshman observership program. Students participating in the program observe a physician at work in his office one afternoon a week for several weeks. Last year, 55 students were observers.

The Family Practice Club, which was organized in 1972, is a recognized

component of the OAFP and sends two delegates to the Academy's Congress. An advisory committee from the Academy helps the Club plan seminars on request.

Members of the club heard a discussion of family practice preceptorships last month.



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New hospital administrator named

Stanley T. Urban, associate administrator of the Colorado General Hospital in Denver, has been named the new administrator of University Hospitals.

In making the announcement, Dr. Donald G. Kassebaum, director of hospitals and clinics for the Health Sciences Center, said Mr. Urban will assume his duties mid-March. Mr. Urban will be directly responsible for operation of University Hospital and the supporting ancillary and diagnostic services. His appointment is the last step in effecting greater operational efficiency by consolidating the Center's two teaching hospitals.

Prior to his four years at Colorado General Hospital, the 450-bed principal teaching hospital of the University of Colorado, Mr. Urban was administrator for three years of the Colorado Psychiatric Hospital. This 79-bed acute psychiatric facility, also located on the

University of Colorado Medical Center campus, included a Psychiatric Day Care Center and Children's Diagnostic Center.

At the University of Colorado School of Medicine, he also was an instructor in the department of preventive medicine.

He received a B.S. degree from Boston College in Boston (1966) and an M.B.A. in Hospital Administration from Xavier University in Cincinnati (1969).

Mr. Urban is a member of the American College of Hospital Administrators and the Colorado Hospital Association.

The 1963 United States figure skating champion and a member of the 1963-66 U.S., North American and World Figure Skating Teams, he has continued his skating interest as an instructor for the Denver Figure Skating Club.

He is 31, married and has two children.



STANLEY T. URBAN
administrator of university hospitals

Patient accounting system gets needed overhaul

A modern, new, patient accounting system designed to decrease patient delays and improve financial management could be in operation at the Health Sciences Center as early as next summer.

The patient accounting systems of the HSC's University Hospital and Clinics are due for a major overhaul.

A new system known as CORE (Centralized Operation for Receivables) will end the long-time confusion and inefficiency associated with the institution's outmoded billing system. CORE was approved by the legislature's Emergency Board February 20, and will go into effect this summer.

Traditionally, University Hospital and

Clinics cared primarily for indigent patients. Because state funds provided most of the Center's support, a complex billing system was simply not necessary.

In recent years, however, the legislature has directed that an increasing proportion of hospital and clinic support must come from patient fees.

Although an increasing proportion of patients are covered by health insurance, the Center's accounting system has not been capable of billing for all properly reimbursable services.

For example, last year the Outpatient Clinic generated 495,000 billable items of charges (office calls, laboratory tests, etc.) which had to be handled by an accounting staff of only 12 persons, manually preparing billing statements.

Business management at the Health

Sciences Center has been planning a modern, comprehensive accounting system for the Hospital and Clinics since 1974.

According to those who have helped create CORE, it is designed around several pivotal areas, among them "patient administration."

Patient administration refers to what happens to the patient in addition to his medical treatment. This includes financial screening, interviews, room assignment, service transactions, billing, etc.

Under the current system in the Outpatient Clinic, patients are delayed on admission while unit number clearance is obtained from a 600,000-record file. Then, patients are financially screened—sometimes twice by two different staffs. Compounding the problem, many patients have been required to pay for services in advance because of a lack of itemized billing.

Basic patient and financial data would be stored in a computer easily accessible to employees in the patient accounts office.

The new accounting system would eliminate the pay-in-advance procedure. It would also reduce time for financial screening. And, ultimately, the use of an automated central master file would minimize time to enter patients into the clinic system.

Basic patient and financial data would be stored in a computer easily accessible to employees in the patient accounts office.

This office would consolidate all inpatient and outpatient information under one system. Thus, patients who have been discharged from the University Hospital and then referred to the Outpatient Clinic for follow-up would not have to undergo a new, complete interview, as is currently required.

The use of coded, carboned, multi-purpose forms during admission and treatment at the University Hospital would consolidate pertinent information concerning the patient. An expanded "quality control" section in the admitting coordinator's office would verify the accuracy of all registration and charge

Devising an implementation plan for the CORE system has been a complex project. Looking over a seven-foot chart showing how the system will affect each department are implementation team members Frances Morse, director of admitting, Charles Carter, management analyst, Ron Schumacher, head of the hospital systems group, Lauris Rodier, director patient accounts, and Regina Mockmore, supervisor OPC admitting.

documents before they are keypunched for the computer.

Under the current system, not only are bills delayed, but patients may receive bills from as many as four separate billing offices on the Hill.

Another major objective of the CORE program is to increase revenues for the HSC. This is essential in order to produce bills and reimbursement statements in a timely fashion, in compliance with legislative direction that the hospitals and clinics earn 66 per cent of the annual operating costs, i.e., approximately \$24 million of the annual \$36 million expense budget.

Not only are bills delayed currently, but patients may receive bills from as many as four separate billing offices on the Hill (UHN, UHS, OPC, and Private Ancillary Services).

With the new CORE program, the patient accounts office would send patients one monthly statement covering all inpatient and outpatient services.

In addition, the monthly bill would be fully itemized, indicating each procedure and the accompanying charge. CORE's designers are especially enthusiastic about this aspect of the program because under the current system, many billable services have not been identified because the transactions were not itemized.

In order to handle the burgeoning Hospital and Clinic billing system, the consolidated patient accounts office must expand both in space and number of employees, say CORE's designers. And since facilities on campus are inadequate to handle the expanded office, a downtown location has been planned.

The new office would have two computer terminals with key patient data on tap. Patients wishing to know the status of their accounts could phone the patient accounts office and have the results within a matter of seconds.

CORE's designers say that not only will the new system keep track of patient accounts, but it will also afford the Center's staff and administrators a continuously up-to-date financial report on the Hospital and Clinics including revenue, expenses, and operational performance.

Although the initial cost of the new system is significant, CORE should soon pay for itself and generate additional revenue.

The computer programs which CORE is based upon were obtained from the North Carolina Memorial Hospital, a state-owned teaching hospital for the University of North Carolina at Chapel Hill.

Plans to implement the CORE system have been underway for many months. In addition to carrying out their regular duties, about 30 HSC staff members, comprising the implementation team, meet weekly, developing detailed plans. Under the overall supervision of David Witter, business manager of Hospital and Clinics, the CORE implementation team is directed by Ron Schumacher, head of the hospital systems group.

Dr. Donald Kassebaum, director of the Hospital and Clinics, emphasized, "Improvement of operational efficiency and financial management is critical to maintaining high quality patient care and teaching programs."

Missing photo surfaces

This photograph of the School of Medicine Class of 1914 was recently given to the School and will help round out the collection of photos of graduating classes. It was discovered in the effects of Dr. Carl Cashatt (back row, far left) of Salem, who passed away last year.



Center's women executives voice their views

More and more American women are working their way up through managerial ranks into executive positions. Interviews with a random sampling of women in executive slots at the Health Sciences Center illustrate their views on leadership, employee relations, and making it in the male-dominated world of business.

Ann Hoffstetter

"I grew up in an environment in which it was natural for women to have a productive life outside the home," explained Ann Hoffstetter, an HSC assistant business manager whose sphere includes a variety of areas from purchasing to the telephone exchange.

"The women in my family were always active. My grandmother was the first woman on the Portland Park Board and was president of the Portland Federation of Women's Clubs. From the time I was small, my mother was very active. She helped in my grandfather's flower-seed business and ran it while he was away during the war. Even as a child, I packed seed to earn spending money. And as I grew up, I worked in the business off and on."

Mrs. Hoffstetter says she enjoys her work and daily change of pace. "I like interacting with the creative, imagina-

tive, enjoyable people here. These are the kind of people I prefer."

She does see some basic differences in men's and women's approaches to management. "Women's styles of interacting with and motivating people are different from those of many men. It's probably a cultural thing. Few women, for example, use the authoritarian approach to business. By authoritarian, I mean trying to control the way people proceed toward a goal. My approach is to tell people what I want, but let them use their own style to achieve it. If you have good people, you can be confident that they will achieve it better by doing it their way."

Are women in business any more conscientious than men? Mrs. Hoffstetter responded, "Some women have a tendency to come early and stay late. In some cases, I think this is over-compensating—it's a sign of insecurity."

"A woman in business certainly does have to have ability," she said, adding, "I don't think women have achieved the state of mediocrity that some men have in management. Women can't afford to be mediocre as managers."

Of her male colleagues, she said, "They've been extra helpful. Virtually none of them has done anything but

a contribution in some way or another to the patient. And that's why we're here. That's what it's all about."

"It's important to help other people see that their work is meaningful. For example, take the seamstress who may work all day in a sewing room on a special piece of linen. It is meaningful to her if she can see how what she has made contributes to the patient's comfort—how her work actually relates to another human being."

"When problems arise, I don't make a phone call or write a memo. I go talk to the people involved. It can be time consuming, but it is essential. I think there is a certain eagerness in everyone to solve problems on this basis."

Mrs. Rankin, who has been at the HSC since 1947, explained that during the year she spent as UHN housekeeping director, she learned to appreciate the importance of positive feedback to employees.

She added, "When problems arise, I don't make a phone call or write a memo. I go talk to the people involved. It can be time consuming, but it is essential. I think there is a certain eager-

bright side, too. When a patient leaves, or when a new baby goes home, it all seems worthwhile. You can see it in the clerks' faces."

At one time, Miss Morse planned to be a physician. She was enrolled in pre-med courses in college when World War II began.

"The war changed a lot of plans for a lot of people. It changed the direction of my life," said the HSC admitting director. During the war, she was an engineering aide with a company which built Navy ships and aircraft carriers.

In 1951, she began working on the Hill where, she says, "I never felt I was in competition with men. As people learned that women could do more things, I seemed to be in the right place at the right time. I've never said I can't do things. I've said I'll try."

She is optimistic about the current hospital consolidation. "I admire Dr. (Donald) Kassebaum (director of hospitals and clinics) and find his ideas for change very challenging."

"I'm trying to glean the best from each admitting unit and come up with what I feel is an extremely progressive admit-

help me along the way. Some of them tease me, but I tease them back."

She noted, "I make it a point never to bring a notebook or pen to a meeting, so I can't be asked to take minutes. Instead, I bring a tape recorder."

Mrs. Hoffstetter does feel that men are becoming more enlightened about women's abilities. She recalled being one of the first five women admitted to the previously all-male Portland City Club in 1973.

"At first, the men rushed around opening doors for the women, pulling out chairs, and over-compensating. But not now. Now that they know us, they include us in their gossip and treat us like part of the peer group rather than as outsiders. It's very pleasant."

Mrs. Hoffstetter serves on a number of civic boards, including the Portland Zoo, Art Museum, and Committee for Arts and Recreation.

"My attitude on life is that there's no use sitting still. I try to take part in everything I think is first rate, whether it's people, places, or things."

"A great many women set their sights lower than they should. I was brought up with the idea that anyone can do anything. You set your own limitations; you take every opportunity that's available to you."

ness in everyone to solve problems on a person-to-person basis. This is how good feeling starts and spreads.

"It all comes back to the patient's bedside one way or another. Not only is the patient's well-being affected by his physical surroundings, but also by the general atmosphere around him."

"It's intangible, but when you've been around a hospital for a while, you can walk onto a ward and almost feel whether or not the staff is working in harmony or whether the patients are supported by this atmosphere."

Mrs. Rankin believes that the end result of consolidating University Hospital nursing staffs will be "common policies, economy of people's time, and input from more minds" in planning new policies and solving problems.

During the current transitional period, she plans meetings in which nursing staff can hear about and discuss problems and new developments. She stresses the "importance of honesty" with employees.

Her views on the emergence of the women's liberation movement and her own career are concise and quickly forthcoming. "I've never felt other than liberated. It never occurred to me not to be."

ting service. Of course, it takes time to change people's attitudes and philosophies, and you don't want to move too fast. But we must have an efficient, well-run department to attract referrals from throughout the state."

She looks forward to the implementation of CORE (see article in this issue), the projected new patient accounting system. "We should be able to admit a patient and get him through the whole procedure and into a room in half an hour."

Streamlining admissions will help give the HSC a better image. "Because we see the patient first, we set the tone for his stay. A good admitting office is a bridge between the hospital and the community."

She believes that streamlining the admissions procedure is "part of the new effort toward creating a better public relations image for the Health Sciences Center. Because we see the patient first, we set the tone for his stay. A good admitting office is a bridge between the hospital and the community."



1. Ruth Wiens
2. Frances Morse
3. Heather Rosenwinkel
4. Gale Rankin
5. Mary Ann Lockwood
6. Barbara Hiatt
7. Mavis Petty
8. Ann Hoffstetter

Gale Rankin

Three months ago, Gale Rankin was named director of the newly united University Hospital nursing service (previously divided into separate services for the north and south hospital units).

She is the first to admit, "Change is difficult; trust doesn't occur overnight." But an attitude of unfailing optimism, which is her trademark, and a faith in all those associated with the Hospital are her mainstays.

"Both nursing units have had their strengths and weaknesses. We're going to try to unite those strengths," Mrs. Rankin asserted.

"The direction that the Health Sciences Center is going is exciting, and it's great to be a part of it. I've seen a lot of progress in the 30 years I've been in nursing on the Hill. It's given me faith in the future and the knowledge that if we just take each day as it comes, the end result will be growth and progress. This is the philosophy that sustains me."

"My main job satisfaction is being able to contribute to an environment in which people are allowed to develop their potential. I have a tremendous amount of faith in people, and I sincerely believe that every job in the hospital setting is important. Everyone is making

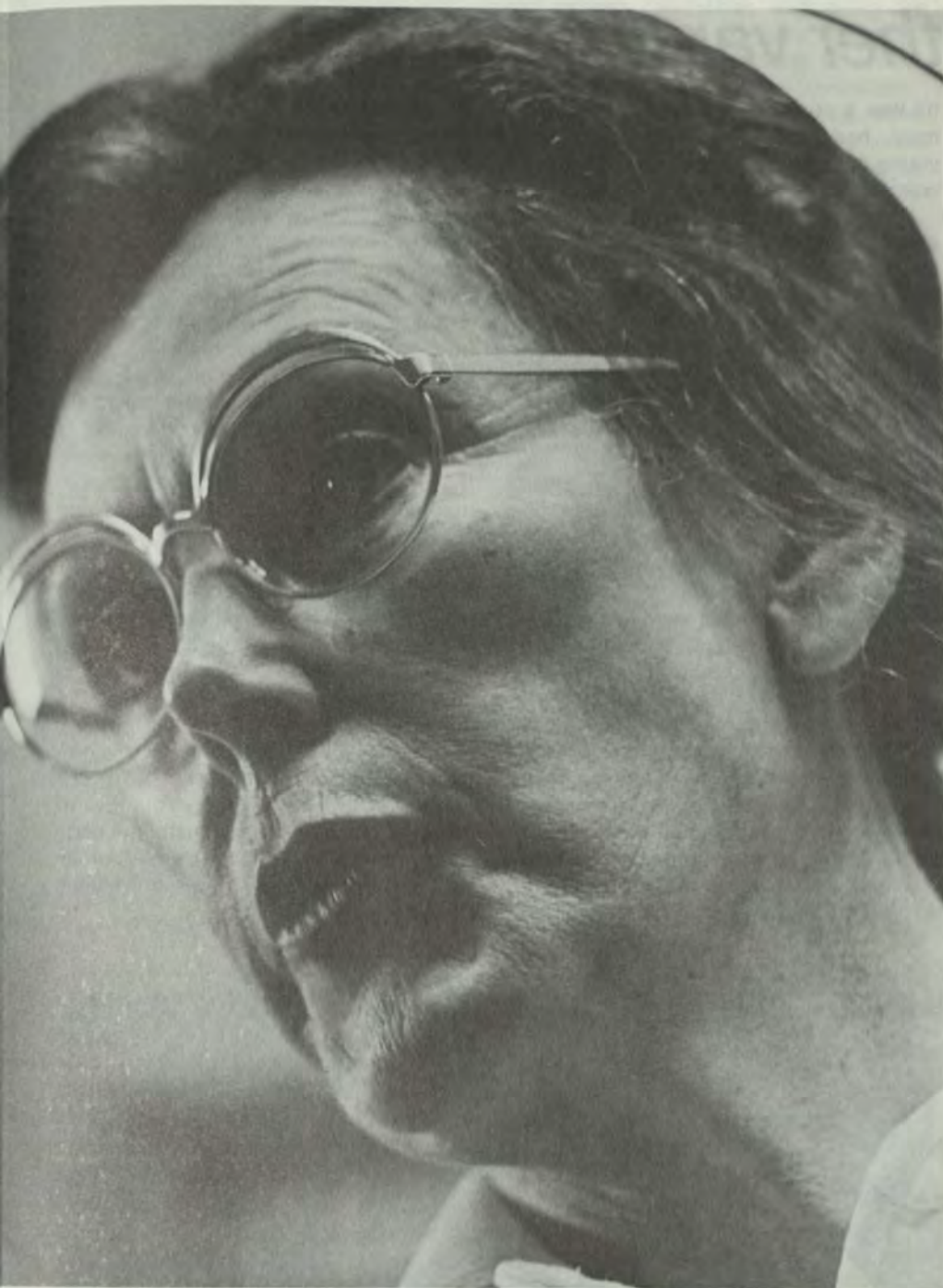
Frances Morse

"The reception which a patient receives in admitting sets the tone for his entire stay. We want his entry to be just as smooth and easy as possible," points out Frances Morse, director of hospital admitting.

"As people learned that women could do more things, I seemed to be in the right place at the right time."

Miss Morse began working on the Hill 25 years ago as a clinic interviewer. Last summer, she was named director of admitting, with special emphasis on consolidating the admitting offices of the north and south hospital units. Within the next six months, the total number of employees under her supervision may be as high as 61.

"I'm a 'people person.' That's why I'm so glad to have this job," she explained. "I enjoy working with people—even those with complaints. That's what makes life interesting. This can be a difficult job at times, though. One of the hardest things we do is notifying a family of a death. But our work has its



Ruth Wiens

"I originally thought I would be a teacher. I got into nursing unexpectedly and found it was everything I had ever wanted but hadn't realized. Once I began, the idea caught fire."

A perpetual state of "catching fire" well describes Ruth Wiens, dean *pro tem* of the School of Nursing. Her calm, unruffled exterior belies the constant fomenting of new plans and ideas that occupy her mind.

"I'm a hardworker and a perfectionist," she explained, "and I expect staff to work hard. But I've learned to love people for their frailties as well as their strengths. We expect so much from people, but most of them can hardly live up to their own expectations, let alone ours."

"Part of my philosophy of leadership is that the administrator, or facilitator, should put members on a team of assignment or work they believe in. You achieve harmony by uniting those with a core of common interest. It's like a symphony: you take what each person can play or contribute; you put it together collectively; and you've got something magnificent. Beautiful music!"

"I would rather people did things because they want to. As a facilitator, I try to lead them to the thresholds of their minds or potential, as it is sometimes labeled."

She believes that the days are over in which faculty members should, as a matter of course, set "vertical promotions" as a goal. "There is simply not that much room at the top. Faculty members must see that we are making more use of the contributions of their minds and potential. In the long run, this pays off. Leadership has only the power that its constituents allow it to have."

She stresses "humaneness" in leadership, but says, "I don't mean this in a wishy-washy way. I mean that you judge people on their merits. This is what the Women's Movement is all about. Don't tell me what a good cook I am. Tell me what you think of me as a person."

She added, "It's very easy to support people when they are right. But you must support them when they're wrong, too, because this is what makes people grow."

Mrs. Wiens believes that the HSC School of Nursing is "decades ahead of

some other nursing schools." The School has been a forerunner in community health nursing. "Ninety per cent of our patients are out in the community. In the past, nurses were prepared to work under physicians; now they are prepared to offer services directly to the patient. We've been appalled by health conditions in the community. We want to effect changes in delivery of health care. This is why we send our sophomore nursing students to nursing homes, senior citizen settings, and clinics, and follow through in our entire curriculum."

She also points to the outstanding scores of HSC students on state board exams in nursing. "This is directly attributable to the faculty. Our students do well because the faculty have them do well."

"Leadership has only the power that its constituents allow it to have."

Combining a career and a family hasn't been easy, but it is possible, says Mrs. Wiens, who is wife and mother of three. "You must be organized and committed. My children are unusual. They have let me be me. And at the same time, I've let them be independent but responsible. I frequently tell them it's not easy to be a parent."

Of Dr. Arthur Wiens, HSC professor of medical psychology, she says, "I have the highest regard for my husband and the highest esteem for him as a scientist." But she adds, "We have always been in different departments and rarely talk shop."

She admits that she "never anticipated being an administrator," but she believes that her four years as a nurse in a 1,200-bed state hospital associated with the Menninger school of psychiatry in Kansas, four years at St. Vincent Hospital as director of nursing, and eight years on the Hill have all contributed to her leadership style.

"Nursing is not an easy profession. It requires strict self-discipline. One may not have this quality completely upon graduation, but it must be developed. It must be constantly strengthened to be able to move and develop with the one constancy of life—change. Change, improvement, progression, all of these. One can't stand still for these."



Mavis Petty

In 1951, Mavis Petty began working at the School of Dentistry as a secretary. Today, she is assistant budget director for the entire Health Sciences Center.

"When I began my career, there were not a great many women in managerial positions. But I was in the right place at the right time and worked with people who didn't want to hold a woman back."

Mrs. Petty continued, "I originally got a job because I wanted the money, but I began to enjoy my work and knew I would have been bored at home. I saw many of my friends who stayed at home, spending so much time talking to the same group of people over endless cups of coffee. It looked like a rut."

Of her first years in business management, she explained, "At first, I felt uncomfortable in meetings. I was usually the only woman, and men seemed unable to speak as freely as they would have otherwise. But this has changed."

Mrs. Petty pointed out that one of the things she enjoys most about her work is "periods of pressure at different times of the year. After these are over, I really feel I've been productive. I especially like getting to know people in different departments, finding out what their priorities are, and helping them figure out the best way to present a request for funds."

She believes that women in business face initial hurdles that men do not. "Until a woman has an opportunity to prove herself, she has to work harder than a man. This is not necessarily intentional on men's part. But because women have traditionally been secrete-

taries and have held lower echelon jobs, men tend to be skeptical."

She finds that men's and women's approaches to dealing with employees are different. "Men have, traditionally, tended to give orders. But you don't tell someone to do something—you ask. No one likes to be ordered about."

"I have seen a few dictatorial women in business, but I think their personalities were a cover-up for a lack of security. Today, women are becoming more comfortable in executive positions. And I think this makes them better, more humane managers."

She attributes the still small number of women in management positions to lack of drive and, in some cases, sacrifices made in deference to a husband's career.

Her advice to young women considering professional careers is "to be selective. Choose an organization in which you're interested. Do everything you can to learn about the organization before going for your first interview. An interview should be give and take on both sides. Don't be afraid to ask questions."

"Women should be willing to change positions and employers during the first few years. If you're not happy with a job, don't feel strange about moving on to another one. Every job is a learning experience until you find what you're interested in."

"When I started out, I didn't realize I would go so far—but I never passed up an opportunity."

(continued on next page)



Women see HSC from another vantage point

(continued from previous page)

Mary Ann Lockwood

Twenty years ago, Mary Ann Lockwood joined the School of Medicine as the second half of a two-person public affairs department headed by Joseph J. Adams (now a vice president of the Health Sciences Center). Her duties ranged from writing news releases to working with the press and broadcasters and preparing publications.

"I didn't conceive of myself as a potential executive. I didn't have any well defined long-term goals. But I liked the intellectual challenge," she said.

Today she is director of the 10-person university relations office, which puts out a broad range of publications, including *Health Sciences Center News* and *Campusgram*, in addition to its work with off-campus news media and other groups, internal communications, hospital/patient relations, special events, campus tours, and School of Medicine alumni.

"Of course, there have been some problems and frustrations, but I have always had tremendous support from Mr. Adams, and that's what's kept me here. He has shown concern and has

apparently recognized something in me that made him feel it was good for the institution to help me keep stepping up the ladder. Early on, he allowed me to participate in the decision making process. He gave me increasing responsibilities and authority and then backed me up."

"When there's a decision to be made, leadership seems to assume that men have all the answers, rather than take the chance that perhaps there is a woman with expertise."

Mrs. Lockwood feels that having had these kinds of opportunities, she was much luckier than many women entering professional careers in previous decades. "When a man entered a corporation or organization out of college, he was put on a track, whether management, sales, or whatever, almost immediately. From then on, those in the management track were thought of as potential managers. As part of his training, he was given increasing responsibilities and sent to workshops, seminars, and conferences. So by the time he had been in an organization 15 years or so,

he was a competent manager. Management had selected all of the bright young men, but none of the bright young women.

"When Affirmative Action came in, corporations were told to have x number of women in executive positions. But the women hadn't been on this management track. They hadn't had the broad experiences men had had. That's why it's necessary for women to do a lot of catching up."

Of her relationship to her staff, Mrs. Lockwood commented, "I think I have a good rapport—we all have. Our goals are similar, and our standards are similar. So there is a community of thinking on the quality and quantity of production. I see my role primarily as that of catalyst for a group of people who are exceedingly competent. I think I have the best group of people in any university relations program in the country. I give them freedom and flexibility."

Flexibility is a quality which Mrs. Lockwood would like to see more of at the Health Sciences Center. "Too often men will say in certain situations, 'Well, we've always done it that way, so why change?' Perhaps they feel more secure that way. On the other hand, women

have had to be more flexible, and as a result have been more innovative and are able to look at problems from several angles instead of just one. In my experience, they accept and initiate change more readily than men without compromising their integrity and principles."

But women's innovative capabilities often go unrecognized, said Mrs. Lockwood. "I think many women would agree that all too often, they aren't asked for their input. When there's a decision to be made, leadership seems to assume that men have all the answers, rather than take the chance that perhaps there is a woman with expertise."

She believes that women generally work harder than men. "We are constantly having to prove ourselves. We have to overcome prejudice, an inherent feeling that women are not serious about their jobs, that they are working temporarily. Women have to be more productive. Because you're often coming from behind in the area of experience, you have to do more. You have to get used to taking responsibility early on. Sometimes you blow it, but hopefully your track record will have more pluses than minuses."

Heather Rosenwinkel

Too few women at the Health Sciences Center have gained the recognition and status they deserve, according to Heather Rosenwinkel, acting head librarian.

"I would like to see more women sitting on important committees at the Health Sciences Center. Committees with women on them already should be expanded to include more and different women. There are no woman department heads in the School of Medicine. Although the administration has stated its commitment to Affirmative Action, usually men are selected for these positions."

"Women are going to have to be very committed. If they want to achieve something, they must be goal- and career-oriented."

Mrs. Rosenwinkel has seen the same problem in libraries. "Until recent years, when it came to management jobs in libraries, men were selected. Women have traditionally stood back, but not any more. Young women coming out of library schools today are much more assertive and outspoken than ten years ago. They have good ideas, and they're not afraid to say them. This keeps administrators on their toes; it prevents fossilization."

Mrs. Rosenwinkel and her five-woman professional staff feel it is vital to keep abreast of the latest in library

technology and management. "Continuing education is kind of a key word around here. Both classified and professional staffs go to meetings and conferences. They are interested in everything from computer technology and audio-visual communication to accounting procedures and psychology in management."

She describes her classified staff as "a solid, cooperative group that does a very good job, sometimes under adverse conditions. Especially our circulation department has to put forth a good public relations image. They are under pressure and have to take a lot of complaints and discontent from a variety of people. Most of them maintain their composure and handle their jobs well."

Money heads the list of the library's major problems. "If we had enough money, our first priority would be to buy books and journals in the areas in which we're deficient. Nursing is certainly one of these areas."

Mrs. Rosenwinkel believes that an important innovation in the HSC Library would be using a computer for acquisitions and to increase services for clients both on the Hill and in hospitals throughout the state.

"But it takes a lot of time and money to develop these programs. Our staff has not had the time. We are too locked into the daily routine and demands for services needed to keep the ship afloat. If we make the time and take the initiative to plan these projects, we will need

are handicapped by traditional feminine roles, says Mrs. Hiatt. "The average woman has to work harder than a man because on the weekends or in the evenings, a woman with a career has home responsibilities, such as laundry, cleaning, and cooking. But a man with a career has most of these services performed for him—by his wife. When it comes to working Saturdays, I know I'm going to have to double-time it with other responsibilities. A man usually doesn't have to worry about that."

"When it comes to working Saturdays, I know I'm going to have to double-time it with other responsibilities. A man usually doesn't have to worry about that."

Mrs. Hiatt finds that women are more conscientious than men in their work "kind of as a defense mechanism." She also feels they pay closer attention to



MRS. LOCKWOOD



MRS. ROSENWINKEL



MRS. HIATT

the administration's support in executing them."

Mrs. Rosenwinkel's exposure to the business world has made her a firm believer in women's abilities. "Women have to work twice as hard as men to prove they're competent and can manage a department."

"I would like to see more women sitting on important committees at the Health Sciences Center."

She feels that if women are going to continue to make headway in business, they must change. "They are going to

have to be very committed. If they want to achieve something, they must be goal- and career-oriented. They must discipline themselves, be convincing, and forceful. They must be open to continuing education.

"They must be assertive, make their point, communicate both orally as well as in print. They must stand up at meetings and be counted, or they'll be ignored. I don't mean they have to be competitive or make brownie points, but if they have a valid opinion, they should contribute it to the group. Once you set a pattern of this, people will turn to you more often for your opinion."

detail, a trait which she sees in herself and capitalizes on.

"I can't know everything that happens in the departments under me, but to learn as much as possible, I get input from every head I can; then we make decisions together. As someone once said so well, I see myself as being on tap for these people, not on top."

She added, "If you come up through the ranks—the school of hard knocks—you've gone through a series of growths. You have to learn to be flexible. But many men come to their positions directly from school. Their flexibility must come from within. Women abhor the connotation of 'the bossy female.' They bend over backwards not to be thought of that way. It's another kind of defense mechanism."

Mrs. Hiatt feels that by working together, the HSC's administrators and physicians can guide the Center toward its goals. "Physicians are trained in a

very specialized manner. Their medical training does not necessarily translate into administrative ability—just as I could not be a doctor. Each can contribute to the other as we run the hospitals and clinics."

She did point out former dean Dr. Charles Holman's "exceptional ability to divorce the medical at times and act just as an administrator."

Mrs. Hiatt believes that in some ways, women themselves are responsible for the dearth of females in executive positions. "Women must first prepare themselves for their goal. They must work toward it. That's one of my quarrels with the women's liberation movement. You shouldn't get somewhere just because you're a woman. But if I produce equal work, I want equal recognition. The proof is in the pudding. That's why I hate to see a woman make a mistake and fail; if a man makes the same goof, it's not commented on."

Newsmakers



Watercolor sketch of Nepalese child by Dr. Emily Tufts.

Twenty-four watercolor sketches of Nepal and the Nepalese people by Dr. Emily Tufts, assistant professor of pediatrics, are currently on exhibit in the Health Sciences Center Library.

Dr. Tufts did the sketches on a recent five-week trek through Nepal. During the 350-mile trek, Dr. Tufts' tour group saw Kathmandu, the Mount Everest base camp for climbers, the Arun River, and villages along the Indian border. She carried her paints and paper in her day-pack and painted a total of 71 sketches. The paintings will be on exhibit until March 19.

Mary Ann Lockwood, director of University Relations, has been appointed to an advisory committee which President William Boyd of the University of Oregon will consult about the selection of a new dean for the university's School of Journalism.

Although a faculty search committee

will screen candidates and make the final selection, the advisory committee will represent the concerns of professionals in various facets of journalism.

In addition to Mrs. Lockwood, other professionals on the five-member committee include a broadcast executive, newspaper publisher, advertising executive, and a well-known newspaper reporter.



ROSEMARY WOOD
nice person of the month

Rosemary Wood, evening nursing supervisor in the north unit of University Hospital, was named Nice Person of the Month in January.

The Courtesy Committee received a total of 24 letters nominating Mrs. Wood for the honor.

Colleagues described her as warm, understanding, smiling, helpful, hard-working, tactful, and exceptional. One writer stated, "She makes each employee feel like they are special. The patients get better care because of it."

Honorable mentions in the January contest were Sharon Voruz, Rose Kain, Fran Cochran, and Virginia Hollow; also mentioned were Cassandra Nair, Gry Melleberg, Ismet Topuz, Nancy Bolton, Dorothy Funk, Bernice Setere, Dorothy Smith, Pat Zarbano, Dr. Richard Jordan, and Sharon Clauson-Hursch.

Dr. Betty Kennedy, third year resident in internal medicine, has been ap-

pointed to a four-year term as member of the National Heart and Lung Institute Advisory Council.

The 17-member board, at least two of whom are appointed during residency training, serves as the final grant-reviewing agency for hematology, cardiology and pulmonary research.

Dr. Kennedy received her B.A. from Tufts University in Boston, where she also attended Tufts School of Medicine and graduated in 1972.

An HSC medical geneticist recently testified about the problems of nuclear waste before the U.S. Nuclear Regulatory Commission hearings on the possible construction of another nuclear power plant in Oregon.

Dr. David D. Weaver, fellow in medical genetics, asserted, "Nuclear power production not only produces environmental pollutants, but a growing number of individuals, including myself, feels that no further nuclear powered plants should be built until a permanent solution to the nuclear waste problem has been found."

"In addition," he suggested, "a nationwide surveillance program and a genetic registry should be established to assess accurately the effects that radiation has on the production of congenital birth defects and genetic disorders."

Dr. Max Parrott discusses "quiet revolution"

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medical education.

Dr. Parrott also notes the growing number of medical schools in the U.S. Twenty-seven new schools have opened in the past 10 years, and 11 more are in the planning stages. Still more are needed; in the last 10 years, applicants to medical schools have increased by 122 per cent.

Increased enrollment of minorities and women has also been significant. A highly concentrated and coordinated effort to bring minorities into the health

Dr. Herbert Fowler, associate professor of psychiatry, has been named the native American minority consultant to the National Center for Health Service Research, an agency of the Department of Health, Education, and Welfare.

He is the first American Indian to be appointed to the advisory group, which stimulates National Center funding of fellowships, grants and awards among minorities. He is also director of the new National Center for American Indian and Alaskan Native Mental Health Research and Program Development for the HSC.

David Jones, who has been a file clerk in physical therapy for the last five years, was recently the subject of a *Southwest Times* (Beaverton) feature story. In the article, David, who remains optimistic, discussed how severe hemophilia has affected his life and outlook.

Marilyn Paul, administrative assistant in the lipid and atherosclerosis laboratory, continues to excel as a distance runner. In the 1975 Sauvie Island Marathon held in late November, she ran the event (26 miles, 385 yards) in two hours, 54 minutes and 13 seconds, and among several records she broke was a meet women's mark of 3:05:41 which she set in 1973.

professions was put into operation last fall at the Health Sciences Center.

In the HSC School of Medicine, the number of women enrolled in the first year program has almost tripled since 1970. Women now comprise 21 per cent of the freshman class.

Dr. Parrott commented, "Because these changes have been voluntary and evolutionary, there is every reason to believe that they will continue and that they will have a lasting impact on our medical delivery system."

VIPS

Service Anniversaries— From Personnel

JANUARY

Five Years

Dr. Sonia Buist, physiology
Ruth Harris, hospital dietary service
Charles Hull, computer center
Nancy Kennaway, pediatrics
Kirtikant Sheth, clin path
Gayle Irene Thomas, radiology
Betty Penner, hospital nursing

Fifteen Years

Ralph Tuomi, physical plant
Edis Cohen, oral radiology

Twenty Years

Harry Seto, clin path

FEBRUARY

Five Years

Dr. Charles Thompson, pathology,
School of Dentistry
Hilda Kolbo, patients' business office
Edward Schaefer, hosp hskpg
Janice Naas, nursing service
Mary Drum, nursing service
James Sandoz, clin path
Naomi Ballard, School of Nursing
Arvid Lewison, printing
Norma Lea, CCD
William Weaver, surgery

Ten Years

Patricia Panton, endocrinology
Anne Jackson, nursing service

Fifteen Years

Gladys Brunelle, medicine
Rachel Fleenor, School of Nursing

Thelma Frederichs, laundry
Paul McMakell, biochemistry
Agnes Mock, nursing service
Dorothy Perlot, clin path

Twenty Years

Wallace Matsumura, clin path

Twenty-five Years

Joseph Adams, vice president for
planning and resource development

Retirements

Otto Erl, research instrum services
Harvey Johnson, physical plant
Gertrude Newton, nursing service
Ruth Thompkins, microbiol & immunol
Russel Blagburn, physical plant

Tours available

Tours of the Schools of Medicine and Nursing are now available to off-campus groups through the university relations office.

Tour coordinator is Mary Goss, who rejoined the HSC staff this winter. Miss Goss had retired last year after many years on the Hill as secretary to the dean of the School of Medicine and later in the registrar's office.

She now leads tours each Tuesday for such interested groups as the Junior League, medical Explorer posts, and high school students.

Groups' leaders are requested to specify their areas of interest so that Miss Goss may tailor-make the tour for them. Most tours last two hours or less.

Those wishing to arrange for a tour by mail may write to Mary Goss, Tour Coordinator, University Relations Office, University of Oregon Health Sciences Center, or phone 225-8231.



Traveling surgeon's case (circa 1850) now on exhibit in library.

Medical museum off to a good start

Unknown to most of the staff on the Hill, the HSC Library has, in recent years, become the repository for a growing number of medical artifacts.

A few of these intriguing—often fear-inspiring—relics of medical history are presently on display in the library as part of a six-month Bicentennial exhibit.

Also on display are century-old dental artifacts borrowed from the School of Dentistry. These include a "tooth key," an ingenious 19th century device used to extract teeth, and a traveling dental kit with pliers that look as though they could easily pull horses' teeth.

A section of the exhibit on nursing history includes a book published in 1860 entitled "Notes on Nursing" by Florence Nightingale.

"One of the purposes of the exhibit is to introduce people to the fact that there is a collection of medical artifacts on campus," explained one of the exhibit's designers, Dick Matthews, who believes the need for a small museum on campus is growing.

"Most states have medical museums, and as the only medical school in Oregon, this would be an ideal location," he said.

Handicapped children find help in CCD program



Playing games and doodling on a blackboard, children in the Tots Program give therapists clues about the nature and cause of their developmental delays.

The program is provided free of charge to families.

Since Tots classes began in 1971, 22 groups of youngsters have participated. Last month's reunion was held to draw attention to the Tots Program and to inform the public of its existence.

Five years ago when the classes began, there were very few programs for handicapped preschoolers in the Portland area and even fewer programs for their parents.

Many families were faced with unanswered questions and concerns about the care of their handicapped children. Some felt completely overwhelmed with a diagnosis that seemed to indicate that their child would probably not "out-grow" the delay. Other parents had questions about activities they might learn which would help their child in several developmental areas. The Tots Program was designed to meet the needs of such families.

The program provides a setting for medical, behavioral, and developmental observation and diagnosis. Because of the multiple nature of the disabilities found in many of the children, a multi-disciplinary, supporting staff is available.

This staff includes a dental hygienist, nurse, nutritionist, occupational and physical therapists, pediatrician, psychologist, social workers, special education teacher, and staff members in speech pathology and audiology.

Children spend much of their time in a recreation area, and whenever possible, the staff uses games and play activities in making assessments. These activities help achieve another of the program's goals, giving the child an opportunity for appropriate learning experiences.

According to Doris Julian, assistant professor of CCD and nursing, "We not

only assess the child's physical status, but also look closely at his behavior to see what information it provides about his development. We see such problems as tantrums, failure to respond to parents, limit-setting, and withdrawn behavior. We look at any behavior that gets in the way of learning."

"Most children have delays of unknown etiology," explained Dr. Daryl Anderson, assistant professor of speech pathology and head of Tots this year. "We describe the delay and devise a plan for mediation. The children's problems are often complex and interwoven and evaluation must be very individualized. In trying to figure out what's wrong and how to help, we also gain information that may help future children in the Tots program."

Before the Tots Program was available to families, some parents felt completely overwhelmed by the diagnosis that their child would probably not outgrow his delay.

While their children are diagnosed and observed, parents participate in a wide range of behavior and group therapy sessions. Parents examine their feelings about their children and themselves and learn about Gestalt therapy, behavior modification, identifying appropriate reinforcers, and inappropriate behaviors which should be ignored. Parents are taught such things as how to stimulate language in their child and how to promote toileting and self-feeding skills.

Parents observe their children's activities and attitudes through one-way mirrors and come into the diagnostic classroom to interact with their child and other children.

At the conclusion of the Tots Program, staff, family and community representatives decide on an appropriate community placement. The evaluations and observations obtained in the classroom are used in making this decision. Visits to the proposed agency or school insure a smooth transition for the family.

An unusual class reunion was held on campus last month. Nearly 140 alumni gathered February 13 for fun, feasting, skits, and an address by Secretary of State Clay Myers. Alumni at this special gathering ranged in age from one to nine. Parents accompanied the youngsters.

The children and their parents were all past participants in the Crippled Children's Division Tots Program. The

program was designed to assist families with children who are handicapped by various developmental delays, such as mental retardation, language delays, seizure disorders, diseases including muscular dystrophy and cerebral palsy, hearing loss, and emotional disturbance.

Children vary in age from one to four. Each Tots Program session lasts four weeks (four days a week) and enrolls six to eight children and their parents.

Medical alumni name speakers for March scientific meeting

Three distinguished physicians have been selected by the Sommer Memorial Lecture Committee to speak at the 61st annual scientific meeting of the School of Medicine Alumni Association March 31, April 1 and 2.

According to Dr. Arthur Rogers, '35, chairman of the Sommer Committee, the speakers include Drs. K. Frank Austin, Theodore Bevier Bayles Professor of Medicine, Harvard; Ormond Culp, emeritus professor of urology, Mayo Medical School, and Roy T. Parker, F. Bayard Carter Professor of Obstetrics and Gynecology, Duke University Medical Center.

All students, interns, residents, faculty, School of Medicine graduates and Northwest physicians are invited to attend the lectures. Dr. John F. O'Hollaren, '47, Alumni president, said. Scientific sessions will be held in the Library-Auditorium, and there is no charge.

A feature of the annual meeting is the Alumni luncheon which will be held at the Student Activities Building April 1. Dr. Robert Stone, vice president and

dean of the School of Medicine, will be the guest speaker.

Dr. Austin is a graduate of Harvard Medical School and after internship and residency at Massachusetts General Hospital, joined the staff in 1962. He became a faculty member at Harvard the same year.

He is a member of the Scientific and Educational Council of the Allergy Foundation; board of directors, The Arthritis Foundation; chairman, research and development committee, the American Board of Allergy and Immunology, and holds memberships on the National Research Council, the American Association of Immunologists, the National

Commission on Arthritis and Related Musculoskeletal Diseases, and the President's Biomedical Research Panel.

Dr. Culp began his association with the Mayo Clinic in 1950. He has served as governor, the American College of Surgeons, president of the American Association of Genito-Urinary Surgeons, president of the Clinical Society of Genito-Urinary Surgeons, president of the U.S. Section, International Society of Urology. He has served as national urologic consultant to the U.S. Air Force and as a member of the residency review committee for urology and trustee of the American Board of Urology. He has won first prize for clinical research

of the American Urological Association twice and is author of some 100 papers.

Dr. Parker is a graduate of the Medical College of Virginia. After a residency at Duke Hospital and a year of private practice, Dr. Parker joined the faculty of the Duke Medical Center and was named to his present position in 1970.

Past president of the American College of Obstetricians and Gynecologists, Dr. Parker has also served as president of the Association of Professors of Gynecology and Obstetrics, the F. Bayard Carter Society of Obstetricians and Gynecologists and as a member of the Council, American Gynecological Society.

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Melnyk, Katon named

Two new appointments in the division of gastroenterology were recently announced. Dr. Clifford Melnyk, professor of medicine, is now head of the division of gastroenterology, and Dr. Ronald Katon, assistant professor of medicine, is director of the gastroenterology diagnostic unit.