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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.

School of Dentistry dedicates new center in November

Funded entirely by alumni and friends, the School of Dentistry's new continuing education center will be dedicated in November.

First envisioned in 1970, the new $316,000 Continuing Dental Education Center in the School of Dentistry will be dedicated November 19.

"We're especially proud of the center because it is being built with no state or federal funding. It all came from alumni and friends," explained Darwin Reveal, continuing dental education director.

Construction of the new center began in the spring of 1977.

Located in the basement area once occupied by the dental school's cafeteria, the new center has about 5,500 square feet. That compares to 2,000 square feet in the old center, located one floor above.

"Moving into the new center will mean more room for our program; plus it will have a positive effect on the dental school," he said.

That is because the old center and its equipment, including 12 dental chairs, will be taken over by the school's graduate periodontics and endodontics programs.

Included in the new center will be 16 chairs and related equipment, each set up for four-handed dentistry. Four of the units will be specially equipped for prosthetics.

There will be three conference rooms in the new facility, immediately adjacent to the center's clinic. Each room will have wiring and plumbing so a moveable dental chair can be installed and operated for teaching purposes.

Mr. Reveal explained that the new center is set up modularly, making multiple scheduling possible.

"We can have two or three groups going at once without interfering with each other. In the old center it's very inconvenient to have more than one group in the clinic."

Also part of the new clinic will be technique laboratory space, triple the amount in the old center. Such labs are used for practical experience in working with crowns and bridges and prosthetics, for example.

"Technique space will be completely enclosed and self-sufficient. We can have a course going on and never have to leave the area," he commented.

The new center will have a patient waiting area and an outside entrance.

"The waiting area will be convenient for patients and will create better flow back to the treatment areas. In the old center, patient movement is hectic," he said.

There is no waiting area in the old center. Patients wait down the hall from the center in the dental hygiene waiting room.

An outside entrance will allow the continuing dental education program to expand its evening and weekend programs.

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Lectureship honors late Dr. Dickel

An annual memorial lectureship in honor of Dr. Herman A. Dickel, a pioneer in Pacific Northwest psychiatry, is being established through the HSC Foundation.

Dr. Dickel's friends and associates in the Oregon Psychiatric Association and the department of psychiatry at the HSC School of Medicine have initiated the lectureship to bring individuals of national prominence from various fields of the behavioral sciences to Portland.

The lectures will be planned in coordination with community practitioners and professional organizations, according to Dr. James Shore, chairman of the Dr. Herman Dickel Memorial Lectureship Committee and chairman of the HSC department of psychiatry.

The late Dr. Dickel, who died in 1974, served as president of the Oregon Psychiatric Association, the Multnomah County Medical Society and the Oregon Medical Association and was instrumental in developing Oregon's first regional medical program.

Both a devoted clinician and a dedicated researcher, Dr. Dickel served on the clinical faculty for the UOHSC School of Medicine for about 30 years. He conducted extensive research on tension control and authored numerous articles in a variety of professional publications.

Contributions to the Dr. Herman A. Dickel Memorial Lectureship are tax deductible. Checks made payable to the UOHSC Foundation may be mailed to the Office of Development, University of Oregon Health Sciences Center, Portland, Oregon 97201. Checks should specify the Dr. Herman A. Dickel Memorial Lectureship.

Lab plays important role in successful kidney transplants

Successfully tricking the human body into accepting foreign tissues continues to be the most difficult aspect of kidney transplantation.

If certain characteristics of the donor's kidney are closely enough matched with those of the recipient, the recipient's body is likely to put up less of a fight against the foreign organ.

Determining whether the recipient and the donor kidney are compatible is the responsibility of the HSC's Histocompatibility Laboratory, which is located on the second floor of the Research Building.

The laboratory is one of the first such facilities on the West Coast to have received certification as meeting Medicare requirements for participation in the government's End-Stage Renal Disease Transplant Program. Notification of certification, which is required under recent federal legislation, arrived in early September.

Andrew Goldstein, research associate in the division of urology and supervisor of the laboratory, explained that he and his associates perform three major tests to determine tissue compatibility.

The first is tissue typing. Mr. Goldstein said that the results of this test provide identification of the antigens found on the cell membranes of a person's lymphocytes (a kind of white blood cell). These are the cells which make war on foreign tissues.

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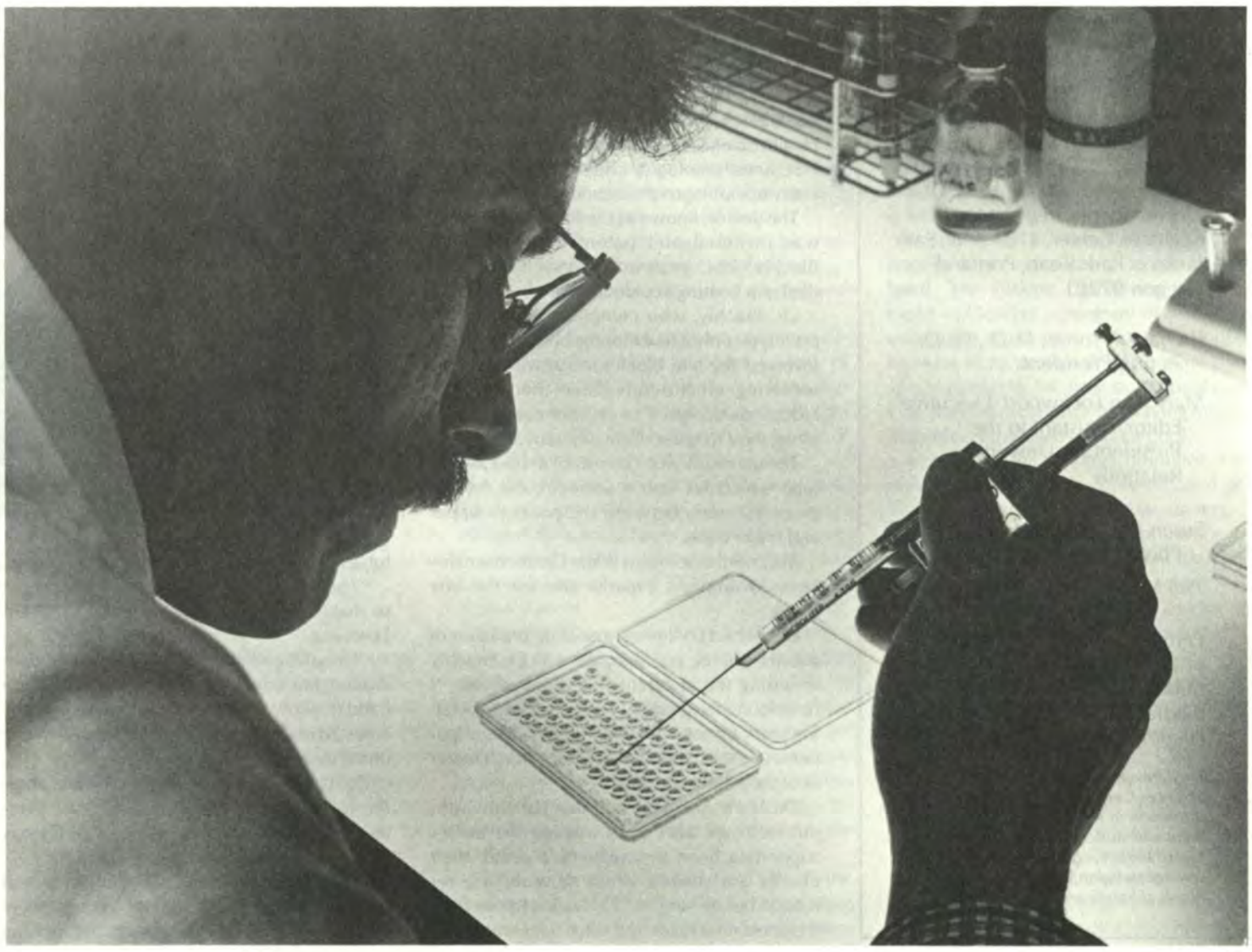

Mr. Goldstein adds a carefully measured amount of lymphocytes to wells in a tissue typing tray. The wells contain serum which helps identify tissue type. He works over a light box that enables him to see whether or not the droplets are properly mixed.

Summer employee wins award for work at Center

As a result of her summer job on the HSC campus, an Oregon college student has won a $150 prize and special plaque.

Toni Haynes, a sophomore at the University of Oregon, was one of two students who worked on campus this summer as part of the National Work-Study Recruitment Program In Health Administration for Minority Group Students.

The program is sponsored nationally by the Association of University Programs in Health Administration. It is sponsored locally by the Portland Metropolitan Steering Committee. Howard Dahlstrom, contract officer in the business office, coordinated the program on campus.

Thirteen Oregon college students participated and were stationed at various health-related facilities throughout Portland. The program was designed to acquaint them with careers in health administration.

While at the Health Sciences Center, Miss Haynes was involved in defining certain aspects of the HSC's new payroll/personnel system. She worked closely with Myron Roberts, budget director.

She also spent time under the supervision of Stan Urban, University Hospital administrator, and Rudy Batties, Hospital budget manager.

When the program ended in late August, the students submitted project papers outlining problem-solving situations with which they had been involved.

Judges of the papers chose Miss Haynes' work as the most outstanding. She received a cash award which she plans to use toward college expenses this year.

About her summer experiences, Miss Haynes said, "Of all the health facilities in which students in the program worked, the Health Sciences Center was unique. I got to do a little bit of everything. I have been interested in the business field, but had never thought of a career in health administration. Now, I'm seriously considering it."

Haley Peoples, a sophomore at the University of Oregon, also worked at the HSC this summer. His project was supervised by Dr. William Morton, professor and head of the division of environmental medicine.

Dr. Morton is studying the distribution of cancer in the community according to several factors: geographical, occupational, and socio-economic.

According to Dr. Morton, cancer does not simply strike randomly. Lifestyle is a factor. For example, some cancers occur more often among the poor, and other types strike the wealthy.

This summer, Mr. Peoples worked to compile socio-economic "scores" for various population groups in a number of states and cities.

Dr. Morton commented, "Haley was particularly interested in documenting evidence that illustrated the socio-economic status of various minority groups."

Mr. Peoples added, "As I compiled the figures, I was able to see patterns forming. It was interesting to see whether or not my theories were proven by the data."

TONI HAYNES
sophomore, University of Oregon

Management group sponsors action-packed workshop

A lively workshop dealing with hospital admissions, business, and collections was sponsored by the Health Sciences Center September 8 and 9 at the Sheraton Hotel.

Although the "A-B-C" workshop was originally limited to 100 participants, the Center's Management Operations, Information and Training group decided, after numerous requests, to open attendance to 150.

Participants, who came from Oregon, Washington, Idaho, and Montana, were treated to a hard-hitting, entertaining, and information-packed program conducted by Stanley D. Levin, of Chicago.

Goals of the workshop were 1) to enable employees to communicate more effectively with patients and 2) to improve the cash flow of their hospitals.

Among those who helped coordinate the workshop were Lauris Rodier, director of patient accounts, Frances Morse, director of admitting, and David Witter, director of fiscal services.

Mr. Levin explains the fine points of how to telephone a patient about an overdue bill.

HEALTH SCIENCES CENTER
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Invention by Dr. Paul Blachly has multiple uses

A new apparatus invented by the late Dr. Paul Blachly is being widely used at the Health Sciences Center and, according to one HSC anesthesiologist, could prove useful "in every operating room around the country."

The device, known as the Blachly Bite-Blok, was invented and patented by Dr. Paul Blachly, HSC professor of psychiatry, who died in a boating accident in July.

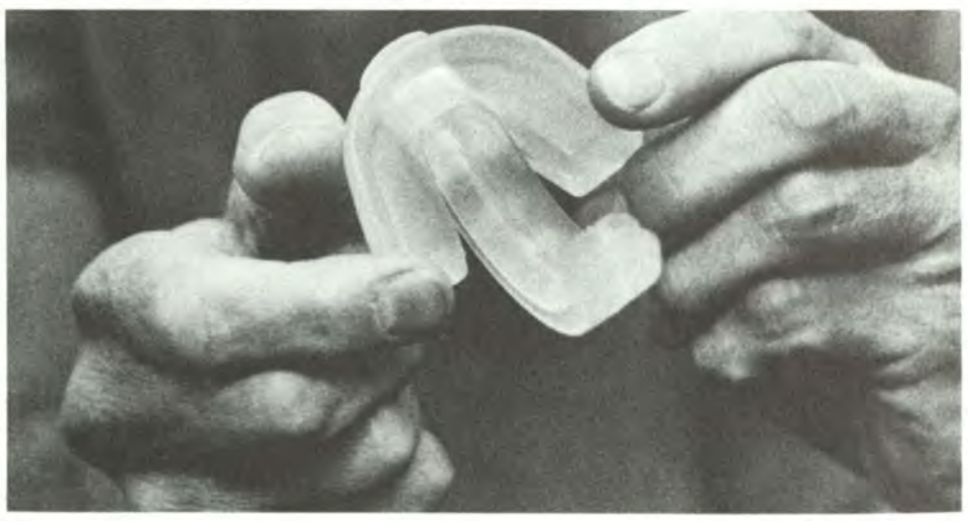
Dr. Blachly, who completed work on the prototype only a few months before his death, invented the bite block for use with patients receiving electroconvulsive therapy. The block was designed to prevent patients from biting their tongues during therapy.

The plastic device consists of a short airway tube which fits into a semi-circular mouthpiece that rests between the patient's upper and lower teeth.

But anesthesiologists at the Center have discovered another, broader use for the bite block.

Dr. Robert Loehning, associate professor of anesthesiology, collaborated with Dr. Blachly in testing the apparatus. He commented, "I have found it extremely valuable in the operating room for use with edentulous patients (patients without teeth). It allows for much better fit of the anesthesia mask."

Dr. Loehning explained that patients without teeth are also often missing the teeth's supporting bone structure. As a result, their cheeks are sunken when dentures are removed before surgery. This causes poor fit of the anesthesia mask and often necessitates intubation of the trachea to facilitate breathing.



The Blachly Bite-Blok.

"The Bite-Blok fills out the patient's cheeks so that they press against the mask," said Dr. Loehning.

"I could envision every operating room around the country having these blocks on hand to allow for better mask fit and, in many cases, to make the use of an endotracheal tube unnecessary."

Dr. Loehning commented that most anesthesiologists and nurse-anesthetists anesthetize an average of one or two patients a day who do not have teeth.

During the last year, as Drs. Blachly and Loehning tested various plastic prototypes of the device, HSC anesthesiologists began using the Bite-Blok regularly. Now, as a matter of course, residents at the Center are trained to use the block with edentulous patients.

Dr. Loehning also recommends that Bite-Bloks be included as standard equipment on emergency carts and in ambulances to facilitate emergency resuscitation of edentulous victims when endotracheal tubes cannot be inserted.

Dr. Loehning recently submitted an article about uses of the Bite-Blok to the professional journal, *Anesthesiology*.

The Blachly Bite-Blok is manufactured and distributed by Kirkman Laboratories, Portland.

Special boards enable youngsters to communicate

Special boards with pictures and words are being designed by a CCD speech pathologist for children with cerebral palsy. With these boards, youngsters who cannot speak are able, by pointing, to communicate their thoughts and needs to the outside world.

Imagine for a minute that you are trapped inside a physically handicapped body and are unable to speak.

How can you tell anyone you are hungry? How can you tell your friends what a great time you had over the weekend? How can you make your family understand that you feel like wearing your favorite blue sneakers today?

Most of us take for granted the ability to talk. But for some victims of cerebral palsy, attempts to be understood are a constant source of frustration. Even years of speech therapy may bring little or no improvement.

Cerebral palsy involves brain damage that affects the body's motor system. In some victims, muscles involving speech are impaired, and attempts to speak result in unintelligible grunts.

At the HSC's Crippled Children's Division, children whose speech is distorted by cerebral palsy are given an alternative to oral communication.

Merry Meek helps a four-year-old with cerebral palsy learn to communicate using pictures. This youngster's communication board is in the form of a multi-page notebook. As these children grow older, their boards become larger and more complex.

For the past nine years, CCD speech pathologist Merry Meek has been designing special communication boards for Oregon toddlers and school age children with cerebral palsy. Such boards are gaining wide acceptance throughout the U.S.

The boards contain information—varying from pictures and word lists to the entire alphabet—which is individualized to each child's needs.

Retarded cerebral palsy victims may never progress beyond pictures, e.g., drawings of family members, favorite toys, and foods.

However, CP victims with normal or above average intelligence may progress from pictures (used for toddlers) to extensive lists of nouns, verbs, adjectives, and adverbs, in addition to lists of types of foods, clothing, etc.

The better the child is able to point to a small specific area of the board, the more information can be included. However, if a child's hands are drawn up into tight fists by cerebral palsy, he is not able to point as easily to a small specific area; so items must be spread further apart.

A youngster who is unable to control his hands and arms may use a pointer attached to his head.

According to Ms. Meek, the boards are important not only for communication at home, but also when the child is hospitalized, when he is in school, and elsewhere.

For example, when the child goes to the hospital, he may take along a special board containing a picture of the body so he can point to the part that hurts; pictures of his favorite foods; and pictures of a television set turned on and off.

Ms. Meek explained that as more CP children enter the public school system, teachers need ways to assess their abilities and monitor their mastery of school work.

For children in school, she has designed communication boards to which can be added sections containing special word lists geared to science, geography, shop, and other classes.

Ambulatory CP victims can use communication boards in everyday social and business dealings. For one retarded young man who is unable to speak, Ms. Meek designed a small portable communication notebook which he carries everywhere. He communicates by pointing to pictures.

Ms. Meek emphasized that she uses communication boards only with children whose speech is highly unintelligible. And even in these cases, she continues to work with each child on oral skills.

She explained that because children are instructed to try to say the name of the picture or word to which they are pointing, the boards may serve as "oral stimulators." If given communication boards as toddlers, some children may learn enough sounds so that by the age of five, they no longer need the board at all.

Ms. Meek pointed out that about a dozen of the 1,000 CP patients being monitored by CCD have communication boards. She has made many of them herself, although commercial models are available (ranging in cost from about $300 for one manufactured in Portland to more than a thousand dollars for highly complex kinds using electronic panels and lasers).

In choosing which children she feels will benefit from using a communication board, Ms. Meek bases her decision on such factors as the child's intellect, pointing ability, motivation, attitude, current oral abilities, and parents' cooperation.

Center to open

(continued from page 1)

"It will give us the ability to hold programs any time of the night or day without violating security of the dental school," he commented.

With the old center, entrance can be gained only through the dental school.

Mr. Reveal describes the HSC continuing dental education program as "one of the most active in the country. We offer over 100 courses and 29 study groups each year. About 5,000 participate annually."

Program participants are dentists and dental auxiliaries from the Northwest, the U.S. and foreign countries, especially Japan. The program is open to all, not just HSC School of Dentistry graduates.

"With the new center we should have the ability to double the number of study clubs we can handle and also increase course offerings," he pointed out.

Following the November 19 dedication, a December 2 open house is scheduled.

Parking rate increase unavoidable, say administrators

Increases in monthly parking rates have provoked the ire of a number of employees at the Health Sciences Center.

At a public hearing on campus in late August, most of the employees present were critical of the proposed fee increase. The suggestions they made concerning the parking program are being taken into consideration by the HSC Parking Committee, which will make recommendations to the administration on a number of them in November.

However, a final decision to raise monthly parking rates was announced by the HSC administration, which found no practical alternative to the rate hike.

The following increases in the cost of monthly parking permits are now in effect:

	Old rates	New rates
Covered parking		
(where designated)	$10	$13
Uncovered parking		
Big cars	$9	$12
Small cars	$8	$11
Motorcycles	$2	$3
Part-time, Volunteer		
(under half-time)	$4.50	$6
(half-time & over)	$9	$12

No charge for bicycles at the present time.
No increase in metered parking rates.
No special parking rates for students.

According to Robert Peterson, vice president for administration and finance, the Center's administration is sympathetic to the concerns of those employees who attended the public heaing. However, the administration could find no alternative to raising parking rates. He pointed out a number of factors which he believes provide the rationale for increasing fees:

1. In spite of inflation and rising costs, the HSC parking program has not raised its monthly rates in five years.

2. Cutbacks in staff of the parking patrol or office would result in:

—Reduction in control over cars and other vehicles abusing the program, thus making finding a parking space more difficult.

—Reduction of parking citation income. This would offset the savings in salaries.

—Reduction in security for employees' cars.

3. The HSC parking program must be self-supporting. According to State System of Higher Education policy, such auxiliary prorams as parking may not receive support from state general funds. It is beyond the power of the HSC administration to alter this rule.

4. The Health Sciences Center's new parking rates are still competitive with rates charged by other schools in the State System. For example, for the past year, Portland State University has charged $13 for parking in designated areas.

5. Although revenues from monthly permit parking are the parking program's largest single source of income (about $240,000, or nearly half of the program's income), these revenues aren't the only source. Income from citations, parking meters, and fees from daily parking on the south campus provide another large block of revenue. Thus, employees with monthly permits do not bear the full cost of the parking program.

Each year, about half ($248,000) of the parking program's budget is paid out to retire bonds which are were used to finance construction of the two major parking structures on campus. The parking program's total annual budget (including payments for bonded indebtedness, salaries, services, supplies, etc.) is $452,000.

6. The Health Sciences Center is giving high priority to its relationship to the neighborhood. The Parking Committee will recommend in October a program of incentives to encourage employees to form carpools. An increase in carpools will make more parking space available for new participants in the HSC parking program, while saving money for individual employees who carpool.

In addition, the Parking Committee is being enlarged to include a representative of the Homestead Neighborhood Association.

Ronald Parelius, Parking Committee chairman and assistant vice president for business services/business manager, urges all interested employees, neighbors, and friends of the HSC to submit their concerns to him or to other members of the committee.

Other Parking Committee members are: Del Brumble, supervisor of the printing department; Dr. Leroy Carlson, professor of pediatrics, perinatology and CCD; Frances Cochran, R.N., University Hospital; John Hutchins, administrator of university clinics; Dr. Patrick Reynolds, assistant professor of physiology; Craig Van Blockland, assistant to the dean for fiscal management and administration, School of Nursing; and Byron Wilder, graduate student in medical psychology.

Course offered at "Y"

A course entitled "Current Concepts in Exercise Testing and Training in Coronary Heart Disease" will be offered December 15 at the Portland YMCA, 2831 S.W. Barbur Blvd.

The course, designed for physicians in internal medicine and family practice, will provide a survey of the current status of exercise testing and exercise prescription in patients with coronary heart disease.

Tuition is $50. Forty physicians may attend. Up to 20 (with prior medical clearance) may undergo an exercise test. They will be selected on a first-come, first-served basis, depending on prior registration.

The course is presented jointly by the Oregon Regional Primate Research Center, the Health Sciences Center, and the YMCA.

For more information, interested physicians should contact Beverly Nyehart, YMCA secretary, 223-9622.

Trainees gain experience, provide valuable services

Young adults from the Portland area are getting on-the-job experience in the UOHSC animal care department while providing valuable services as animal caretakers.

Under several federally and locally funded programs, area youths—many of them from disadvantaged backgrounds—are gaining experience in the field of animal care.

In addition, they are learning what it means to have a job, receive a paycheck, attend work regularly, go through a training period, and accept criticism. And if they do well, trainees can request letters of recommendation from the department.

According to Dan Wilkins, administrative assistant in the department and coordinator of the trainees, the object of the program is to find permanent jobs for the trainees.

"After working here, they have a saleable talent," he explained. "Although our rate of turnover here is low, the trainees are free to apply for any openings that do come up."

The animal care department itself benefits greatly from the trainees' services, he added. After an initial three-month learning period, most trainees are able to do the same jobs as any other animal caretaker 1 in the department: feeding, watering, and handling the animals, cleaning the facilities, and assisting the veterinarian.

Allan Rogers, director of animal care, pointed out, "Training is on a one-to-one basis. It gives our staff a real feeling of accomplishment. They feel that they're really doing something for somebody. If our people weren't this enthusiastic about the program and weren't concerned about these trainees as people, the whole thing wouldn't work."

Mr. Wilkins commented that because the trainees' salaries are paid through federal or other outside funds, his department is able to provide HSC researchers with better services for a lower cost than would otherwise be possible.

Among the programs which send trainees to the HSC are the Youth Career Training Program, administered by the City of Portland; the Washington/Multnomah County Manpower Consortium; and the Training and Placement Service (TAPS) of the Epilepsy Foundation of Oregon.

Mr. Wilkins explained that Portland has one of only three major TAPS programs in the U.S. The program helps secure work experience for epileptics, many of whom have been unable to find work due to the stigma attached to their disease. Salaries for these trainees are paid by the Oregon Department of Vocational Rehabilitation.

This foxhound puppy and his litter-mates at the Animal Research Farm in Cornelius have picked up an intestinal parasite. Giving him a pill to ward off the bug are trainees Lori Herreid, left, and Karen Wirta. The two young women received their training positions at the HSC through the Training and Placement Service of the Epilepsy Foundation of Oregon.

Dr. Feeney studies puzzling disease that impairs vision

A disease that affects vision and can even lead to legal blindness among older people is puzzling ophthalmologists.

Dr. Lynette Feeney, associate professor of ophthalmology at the Health Sciences Center, hopes to answer questions about the disease, senile macular degeneration, which she said is "one of the most difficult diseases for ophthalmologists to do anything about."

She is principal investigator for a five-year research grant of nearly $200,000 from the National Eye Institute to study the disease, which is usually untreatable.

In a poll of U.S. eye doctors taken in 1973 for Research to Prevent Blindness, 67 per cent of 635 doctors responding said senile macular degeneration was the retinal disease they most often see, and 60 per cent said it was the most difficult to treat and the disease most in need of basic and clinical research.

She said records of the national medical system in Great Britain show that the disease is the most common cause of existing cases of blindness in that country.

Her research involves studying the pigment epithelium, a layer of cells underlying the retina. The retina is comprised of light sensitive cells and is the innermost perceptive structure of the eye.

Cells in the pigment epithelium produce enzymes which digest the terminal ends of the retina's light sensitive cells. These cells are shed every day and replaced.

As people become older, this digestive process begins, for unknown reasons, to fail. As it does, the partially-digested terminal ends build up, leading to deterioration of these cells and eventually loss of vision.

"We're trying to learn how the cells make the enzymes used for this digestive process," Dr. Feeney said.

DR. LYNETTE FEENEY
associate professor of ophthalmology

Laboratory assists transplant team

(continued from page 1)

There are many thousands of possible tissue types in the human population. If donor and recipient are closely matched, the recipient's lymphocytes are less apt to reject the donor kidney. Because tissue types are inherited, a brother or sister is usually the best candidate for donor.

The second test performed by the lab is the mixed lymphocyte culture test. In this test, white cells from the patient awaiting transplant are mixed with white cells from each potential donor (usually family members).

If after six days, the recipient's lymphocytes have divided, showing signs of aggression, the match is considered poor. If the lymphocytes are resting quietly, the match is good.

The third test is known as the cross match. This test—always used before kidney transplants—determines whether the recipient has antibodies that will immediately attack the donor kidney.

Although Histocompatibility Laboratory employees perform most of their work in conjunction with the HSC's Kidney Transplant Program, they also do tissue typing for other reasons.

In some cases, tissue typing may help in determining whether or not a patient is susceptible to a certain disease. For example, a link has been shown to exist between tissue type and the incidence of some types of cancer, a hereditary type of arthritis, and multiple sclerosis.

The laboratory also performs tissue typing tests to be used as evidence in paternity suits. If a woman claims that a certain man is the father of her child, determination of tissue types of all three can either disprove her claim or lend credence to it.

This fall, the laboratory will participate in a nationwide study of a new class of histocompatibility antigens described by Dr. Paul Terasaki, of UCLA.

Mr. Goldstein and his associates will soon begin tissue typing recipients and donors for this class of antigens.

Several months after transplants, when patients are past the critical period of rejection, surgeons and researchers will correlate data to learn whether histocompatibility based on the presence of this new class of antigens has any bearing on the likelihood of a successful transplant.

"We are hoping to show a correlation," said Mr. Goldstein. "If so, this discovery could go a long way toward minimizing rejection. It could be a major breakthrough."

Continuing education program reaccredited

The HSC School of Medicine's continuing medical education program has been reaccredited for the next four years.

In February, the program was visited by a representative of the American Medical Association's Council on Medical Education, and in August, the program received notice of its recertification.

In the late 1960s, the Oregon Medical Association established a continuing education requirement for member physicians, making Oregon the first state with such requirements. Other states followed this lead.

Physicians in Oregon are required to accrue an average of 150 hours of continuing education every three years.

Accreditation permits the CME program to offer Category I credit, the highest category possible, for its courses.

Continuing education offerings coming up this winter include:

—OMA Scientific Sessions and Fall Sommer Memorial Lectures, November 2-4.

—Fourth Annual Critical Care Symposium, November 4-5.

—Urology for the Non-Urologist, December 9-10.

—Seminars in Clinical Immunology, January 13-15.

—Ninth Annual Family Practice Review, February 13-17.

More information about the location and times of these meetings is available through the Office of Continuing Education, UOHSC.

Four nurse practitioners join Outpatient Clinic staff

Four nurse practitioners have joined the nursing service in the Outpatient Clinic.

They are Margaret McMahon, Pat de Garmo, and Linda Jones, who are adult health care nurse practitioners, and Carolyn Karlstrom, a women's health care nurse practitioner.

Margaret McMahon, one of the Outpatient Clinic's nurse practitioners, examines a patient.

The four explained that a nurse practitioner is a registered nurse who has taken an advanced course in physical assessment and has 480 hours in clinical practice under a preceptor's supervision. Oregon requires state certification of its nurse practitioners.

Ms. McMahon earned her master's in nursing from the HSC School of Nursing in June, and did her required clinical practice at the Veteran's Administration Hospital.

Ms. de Garmo has a baccalaureate degree from the University of Massachusetts and is a graduate of a nurse practitioner training program at Peter Bent Brigham Hospital, Boston.

She worked more than four years as a nurse practitioner in a Health Management Organization in Boston.

Ms. Karlstrom earned a baccalaureate degree from Walla Walla College and is a graduate of the nurse practitioner training program at the New Jersey School of Medicine and Dentistry. She worked for two years at the Student Health Center at Oregon State University.

Ms. Jones holds a master's degree in nursing from Texas Woman's University and a baccalaureate degree from the University of Iowa. She gained her required clinical experience at the Health Sciences Center.

Her on-the-job experience includes nursing positions in public health, surgical service, and research. She also served on the nursing faculty of the University of Texas School of Nursing as an instructor.

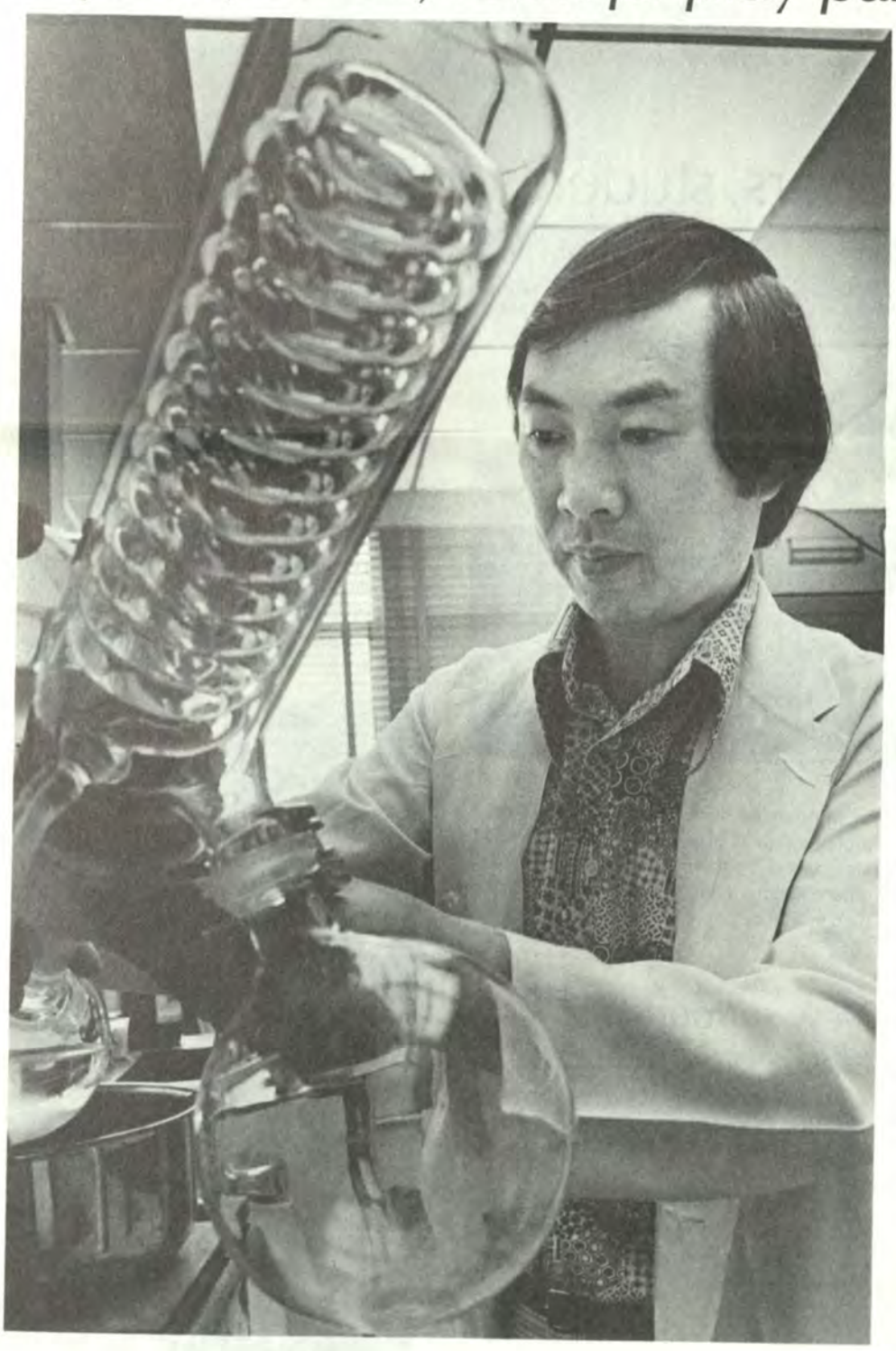
Love Story on 14A

After a three-day stay in University Hospital in July, one pediatric patient got a chance to let the hospital nursing staff know just how he felt about the experience.

The youngster happened to be among the monthly random selection of patients who receive a Patient Questionnaire after discharge. His response to almost every question about the quality of his hospitalization and treatment was positive and complimentary.

In the "Comments" section, he added, "I am in love with every nurse on the 14th floor under 30 years old."

Oysters, clams, scallops play part in scientific study



In nearly 30 separate studies over the last two years, the HSC Lipid Atherosclerosis Laboratory has contributed to the growing body of knowledge about the relationship of diet, metabolism, and atherosclerosis.

Dr. William Connor, professor of medicine and head of the laboratory, has already outlined a number of his studies in articles in *HSC News*. This month, he describes four current projects being carried out in the Clinical Research Center.

Two of these projects have particular implications for persons living in Oregon's coastal areas. The studies involve seafood sterols found in shellfish, such as oysters, clams, and scallops. These foods play an important role in many Oregonians' diets.

Dr. Connor explained that seafood sterols have a chemical structure similar to that of cholesterol. His studies were designed to show whether or not these non-cholesterol sterols should be taken into account in the consideration of overall sterol metabolism and its relationship to disease.

Five volunteers from the HSC are currently eating formula diets high in seafood sterols. Dr. Connor and his associates are measuring sterol absorption by their blood and are analyzing their stools to see how much of the sterols remain in the body and how much is excreted.

In a second study, Dr. Connor's team has analyzed gallstones from patients from Astoria and Portland. The team has shown, for the first time, that seafood sterols are present in human gallstones.

The HSC researchers will continue this study in an effort to learn if seafood sterols actually promote gallstone formation or if they are merely innocent "travelers."

A third study involves the role of the kidney in cholesterol metabolism. Among patients with kidney disease, a common cause of death is coronary heart disease.

The Connor team is studying the incidence of high blood fats, a known coronary risk factor, in these patients. Their results have shown that many end-stage renal patients do, in fact, have elevated blood fats.

In addition, they have designed a diet which has proved initially successful in lowering, by about one-third, the blood fat levels in these patients.

Participating in this project are Dr. Thomas Golpers, fellow in nephrology, Dr. Rhonda Harris, former fellow in nephrology, Dr. George Porter, head of the division of nephrology, and Dr. William Bennett, associate professor of medicine and chief of the hemodialysis unit.

In a fourth study, HSC researchers are investigating the influence of sugar on blood fat levels.

Volunteers are being fed two types of diets: one which is high in sucrose and a second which is high in the mixed carbohydrates which most Americans consume as their normal diet.

Researchers hope to learn whether sugar in large amounts contributes to elevated blood fats and, subsequently, to coronary heart disease.

Among the other staff members contributing to these studies are Martha Fry, research dietitian, and the nursing staff of the Clinical Research Center.

Don Lin, research associate in the lipid atherosclerosis laboratory, uses a vacuum evaporator to concentrate a solution of sterols.

Seres accepts administrative post

Nancy Seres, a former School of Nursing medical-surgical nursing instructor, has joined the Outpatient Clinic nursing staff as associate director, replacing Patricia Hunsaker.

Initial primary responsibility for Mrs. Seres, who began in her new post in September, will be in the area of staff and staff development.

She said her administrative responsibilities are being redefined to reflect a team approach to the administration of the clinics.

A 1969 Pacific Lutheran University graduate, Mrs. Seres earned her Master of Nursing degree in 1976 from the School of Nursing.

She has done additional post-master's study in management and nursing administration.

NANCY SERES
associate director, Outpatient Clinic nursing

Farewell to Bud

Health Sciences Center faculty, students, and employees said farewell to Bud Dockery, long time director of the Student Activities Building, at a special retirement party at the SAB on the night of September 8.

Mr. Dockery was presented with a color television as a parting gift, the result of contributions from his many friends on the Hill.

He also learned that the Bud Dockery Student Activities Building Fund has been established in his honor with an initial contribution of $585. The Fund will go toward improvements to programs of the SAB and possible expansion of the facilities.

Another recent retiree, Gwynn Brice, former assistant administrator of hospital and clinics, was honored at the September 8 party.

HSC students presented Miss Brice with two pottery pieces and called attention to her 35 years of service in their behalf and interest in their endeavors.

Bill addresses issue of malpractice insurance coverage

Recently signed into law by the governor, House Bill 2287 may help clear up the confusion over malpractice insurance coverage for HSC physicians.

The predicament faced by UOHSC physicians in regard to the matter of malpractice insurance coverage has been termed "intolerable and ambiguous."

However, a bill signed into law by Governor Robert Straub this summer may provide a solution to the problem.

The bill clarifies—among other issues—uncertainties surrounding the question of whether or not care of private patients is, in fact, covered under the present system.

In recent years, as Center physicians cared for an increasing number of private, fee-for-service patients, they became justifiably fearful that this activity was not covered under the State Tort Claims Liability Act of 1975. (This Act covers physicians and *all* other state employees for unintentional wrong-doing.)

At the same time, however, physicians received encouragement of a sort to care for more private, paying patients in University Hospital. This encouragement was an outgrowth of a legislative mandate that University Hospital be self-supporting to the extent of 72 per cent of its budget.

Physicians caring for private, fee-for-service patients did and still do remit a portion of their charges to the institution. Depending on their department and their total income, they are to remit anywhere from 15 to 75 per cent of their private fees. Thus, these physicians' private patients play an important role in helping the state sustain University Hospital.

Yet, physicians remained worried that their private, fee-for-service care did not fall under what the State Tort Claims Act describes as the "scope of state employment." If a private patient sued an HSC physician for malpractice, would that physician have effective malpractice insurance through the state?

HSC physicians continued to be worried in spite of a decision by the state attorney general in 1976 that the State Tort Claims Act probably did cover them.

Because they found it intolerable to continue working under such uncertain conditions, the dean decided to withdraw $400,000 from the Medical Education Improvement Fund (which had been created with their fee-for-service remissions) to purchase additional malpractice coverage.

In light of this perhaps needless $400,000 expenditure, HSC physicians and administrators and many state legislators alike concurred that a definitive solution to the problem must be found.

The result was House Bill 2287, which the governor signed into law last summer. The bill was drafted by Robert Repp, Portland attorney affiliated with UOHSC, at the request of Dr. Lewis W. Bluemle, former UOHSC president.

Section 2 of the bill declares that under the State Tort Claims Act, "scope of state employment" shall include *all* inpatient, outpatient, and consultative services on the HSC premises when performed by physicians, dentists, nurses, volunteer medical or dental staff members, students, and other health professionals. (In effect, even health care professionals and trainees who are not state employees are covered for work on campus.)

Thus, as a result of Section 2 of House Bill 2287, physicians caring for private patients on campus now have malpractice coverage under the State Tort Claims Act.

These physicians' private patients play an important role in helping the state sustain University Hospital.

Section 3 of the bill clarifies another area which was previously ambiguous. This section covers off-campus activities.

To be considered within the scope of state employment under the State Tort Claims Act, these off-campus activities must meet certain criteria:

—The physician himself or herself or the program with which he or she is involved must have the "written express authorization" of the UOHSC president or his representative.

—If care is provided on a fee-for-service basis, physicians must remit the same percentage of the fee as they would if the services were performed on campus.

—Or: the activity is likewise acceptable if it is a university-related non-fee-generating, educational, volunteer, community, or salaried service.

This section of the bill states clearly that if "services constitute an exclusively private relationship" between patient and physician, these services shall not be considered within the scope of state employment.

Sections 4 through 6, in effect, recognize UOHSC physicians' rights to participate in the Medical Excess Liability Fund. These sections were included due to the remote possibility that the State Tort Claims Act might be found unconstitutional at some later date because it sets a limit on the amount which a plaintiff may recover in a tort claim.

In the event that the Act is judged unconstitutional, UOHSC physicians who—at their own expense—have contributed to the Medical Excess Liability Fund would have malpractice coverage.

(This Fund was created in 1975 by the Oregon Medical Association to provide subscribers from throughout the state with additional malpractice coverage.)

Mr. Repp, who volunteered much of his time over the period of a year to research the bill, draft it, and explain it to legislators, commented, "I owe special appreciation to Dr. M. Roberts Grover, Dr. Jack Campbell, John D'Aprix, Candy Genheimer, and Dr. Harold Osterud for their support and assistance."

Questions about the bill should be directed to Mr. Repp at extension 8415.

Dinners will bring private practitioners, students together

The HSC student-sponsored Council for Humanism in Medical Education has announced the beginning of a new program this year in addition to continuation of last year's activities.

The new program is for physicians in private practice and medical students. It will involve a series of pot-luck dinners for a group of five or six medical students and five or six off-the-hill physicians.

The dinners will be a one-shot affair for each group, rather than on-going. Dinners will be once or twice a month at the home of sponsoring physicians.

The purpose of the get-togethers is for discussion about integrating hobbies and special non-medicine interests with a medical practice and specialty. A second purpose is to expose students to private practice physicians and reacquaint the physicians with students and current medical school activities.

The program is being coordinated by Dr. Paul Hull, clinical instructor in medicine, and Peg Kaiser, junior medical student and chairman of the Council.

Students interested in participating should contact Ms. Kaiser through campus mail, providing the following information: name, year in school, hobbies and special non-medicine interests, type of medical practice and specialty in which they are interested, phone number, and address.

Also new this year, a series of optional seminars will be offered within the actual medical school curriculum. They will be directed toward providing a more humanistic emphasis in health care education and health care delivery.

The student-organized Council will continue its Brown Bag Seminars, advanced interviewing elective, and physician-student small-group discussions. Upcoming Brown Bag Seminars include:

Tuesday, October 4—"Issues in Medical Ethics." Dr. Harold Osterud, chairman, department of public health and preventive medicine; Michael Garland, Ph.D., medical ethicist; Dr. William Sack, director, child psychiatry, UOHSC; other speaker to be announced. Cases involving personal ethical decisions will be presented by a panel and discussed with a philosopher whose area of expertise is medical ethics.

Thursday, October 20—"Aspects of Neonatal Care." Dr. Gerda Benda, assistant professor of pediatrics, UOHSC. Aspects of modern technology as they are applied to IC of newborn will be discussed.

Thursday, November 3—"Coping with Stress." Dr. M. Roberts Grover, Jr., associate dean. Dr. Grover will present his model designed to help students understand personal feelings of stress and anxiety and develop methods of dealing with these feelings.

Thursday, November 17—"Sexuality and Spinal Cord Injury." Eva Sokol, MSI, UOHSC School of Medicine. A discussion on aspects of a person's physical and emotional sexuality following a traumatic spinal cord injury—what may or may not be different from the pre-injury experience and some ways of dealing with any changes that do occur.

Tuesday, December 6—"Alternative Health Care." Dr. Mark Taggart, Head of the Institute of Preventive Medicine; Dr. Ravinder Sahni, HMD, DC; another speaker to be announced. Alternative modes of dealing with health and disease in America are discussed.

Thursday, December 16—"Encountering Mortality, Dealing with Death." Speakers to be announced. The modes in which healt professionals deal with their patients' deatl are shaped by their initial experiences wit others' deaths and their conception of their own mortality.

According to Jeffrey Brown, graduate student in medical psychology and head of publicity for the group, the Council was "organized to meet the needs of medical students, nursing students, and health care professionals who, finding themselves in a rigid medical training program, begin to lose sight of the primary importance of humanistic ideals and skills. In this way, we hope to temper our education with humanistic topics that will improve our effectiveness as people and professionals."

At this year's first Brown Bag Seminar September 13, students watched a videotape of a home birth and learned about alternatives to hospital births.

Cook book published

Suzanne Wuepper, wife of Dr. Kirk Wuepper, professor of dermatology, has just published her third cookbook, *Soup Samplers*.

Mrs. Wuepper, who co-authored the book along with Adelle Jones, explained that it contains many seafood and vegetable soups and was created with the cold, damp weather of the Northwest in mind.

Soup Samplers will be available in the UOHSC bookstore.

New surroundings suit HSC's old fire alarm

The Health Sciences Center recently made a contribution—albeit unwittingly—to the renovation efforts in Portland's Old Town district.

The old pedestal fire alarm that once stood near the middle of the traffic island between the Outpatient Clinic and University Hospital South was removed this summer and replaced by a new model.

After being spruced up and repainted, the HSC's old pedestal alarm (actually it is the property of the city fire department) was installed in Old Town at 2nd and Burnside.

Evidently, the Portland Development Commission felt the old alarm had more character than the current models. They suggested replacing the dilapidated alarm box at 2nd and Burnside with the HSC's pedestal.

"It (the HSC's pedestal) looks like it was designed by somebody on the Mayflower," said Dale Liesch, city superintendent of alarms and buildings. He believes the pedestal was manufactured in the 1930s.

According to Mr. Liesch, there are only three of the old pedestal alarms remaining in the entire city.

The pedestal now sits at 2nd St. and Burnside.

Staff members will share secrets of their success

HSC faculty and staff may get an opportunity to acquaint 80 Portland youths with their jobs and backgrounds under a program being proposed by the City of Portland.

If the proposal receives federal funding through the Comprehensive Employment and Training Act (CETA), young out-of-school participants, aged 16 to 21, will probably be on campus by early January.

Known as the Medical Career Exploration Project, the program will be contracted to the UOHSC by Portland's Youth Career Training Services. Sheri Decker, program planner for the city, is designing the project.

Ms. Decker, whose office is in the development office, Baird Hall, is working closely with individual staff and faculty members at the Center to encourage their participation. She believes her pilot program would be the first of its kind in the country.

It is designed to increase out-of-school youths' awareness of medical careers and training opportunities and to spur them toward making definite career plans for the future.

The program would consist of four, 10-week sessions, each with 20 youths who have completed high school or are GED candidates.

Because these young people are self-supporting, they will receive salaries through CETA. Part of their exposure to medical careers will involve actual work experience at various health facilities throughout the city.

Youths will be selected on the basis of a sincere interest in a medical career. The program will include disadvantaged and minority youths, but will not be limited to them.

While at the HSC, they will spend varying lengths of time with different staff members in as many areas as possible.

"The staff is not being asked to train these people," explained Ms. Decker. "I realize that time is tight up here. But the young people will get a tremendous amount out of hearing people on the staff tell about their careers, what they do, and how they got to where they are now. They could also observe various procedures and activities."

Ms. Decker, who has been on campus since mid-August, is a former high school teacher with a master's degree in arts of teaching. In addition to special training in career education, her background includes contact with physicians and researchers in conjunction with her work for the National Psoriasis Foundation.

Ms. Decker explains the career exploration project to Dr. Richard Moore, chairman of pathology.

Diet manual available

A new Health Sciences Center diet manual has been written and is now in use.

Nancy Oberschmidt, food service executive director, said the manual will serve as a reference for all HSC health care team members.

The manual is used as a guide in planning nutritionally adequate diets for University Hospital patients, patients at home after discharge, and clinic outpatients.

She explained that the manual is also a teaching tool for health care members and is used to prepare hospital patients' meals.

Each diet in the manual is planned to meet the recommended daily allowance of nutrients specified by the Food and Nutrition Board, National Academy of Science.

A 10-person committee, headed by Patient Food Service Director Chris Wallber, wrote the manual, which was approved by the University Hospital medical staff.

The 60-page manual is printed in a three-ring notebook format so it can be easily updated to reflect current dietary practices, required by the Joint Commission on Accreditation of Hospitals.

It is available at University Hospital nursing stations, the Outpatient Clinic dieticians' office, and may be purchased in the HSC Bookstore for $10.05.

VA/UOHSC cooperation results in awards

Dr. Frederick Seil, one of this year's Career Development Award recipients, looks through a microscope at myelin in a cerebellar culture.

Cooperation and interaction between the Veterans Adminstration Hospital and the Health Sciences Center have resulted in five VA Career Development awards to young faculty members holding joint appointments at the two institutions.

The VA's Career Development Program is designed to provide salary support for individuals in training for full faculty status at a VA hospital.

According to Dr. John W. Kendall, professor of medicine, head of the VA division of metabolism, and associate chief of staff for research at the VA, "The awards free up these individuals for learning how to conduct research so they can be more competitive in their fields when they assume a staff position.

"If they were to go directly into the practice of medicine without this protected time, they would be less likely to learn the combination of research and patient care."

Dr. Kendall explained, "The fact that we are now competitive in the acquisition of these awards represents a gradual maturing of the UOHSC-VA relationship. They are the product of a bilateral effort of the two institutions.

"The medical school recruits the staff for the awards, and the VA Research Service helps them develop a competitive application. The medical school then provides excellent preceptor relationships."

The awards benefit the two institutions in a number of areas, among them patient care and teaching.

"People who do research are stimulated to continue learning and developing," Dr. Kendall pointed out. "As physicians, they are often more inquisitive and seek better, more innovative ways to care for their patients."

This inquisitiveness and innovation in patient care sets an example for the medical students and residents who, at both institutions, are trained by the Career Development recipients.

Those who have received awards within the last year are: Dr. Fredrick Seil, associate professor of neurology, UOHSC, and clinical investigator, VAH; Dr. Grover Bagby, assistant professor of medicine, UOHSC, and research associate, VAH; Dr. Susan Bagby, assistant professor of medicine, UOHSC, and research associate, VAH; Dr. Daniel Casey, instructor of psychiatry, UOHSC, and associate investigator, VAH; and Dr. Larry Rich, senior instructor of ophthalmology, UOHSC, and associate investigator, VAH.

In his project, Dr. Seil is using the technique of nerve tissue culture to study demyelinating diseases, e.g., multiple sclerosis, and factors controlling development of the nervous system in the isolated state (in culture).

"The fact that we are now competitive in the acquisition of these awards represents a gradual maturing of the UOHSC-VA relationship."

Dr. Grover Bagby is growing bone marrow cells from patients with pre-leukemia (a precursor of overt leukemia) in an effort to identify those patients at greatest risk and those who will respond to steroid hormone treatment.

In her project, Dr. Susan Bagby is examining the basic mechanisms of blood pressure elevation in hypertensive conditions initiated by impaired kidney blood flow.

Dr. Casey's project involves treatment of patients with tardive dyskinesia, a movement disorder which is a side effect of drugs used to treat schizophrenia. He will test patients' responses to various drugs, including deanol, which has been found to help about 50 per cent of patients with tardive dyskinesia. He will look for a possible correlation between deanol and the other test drugs.

Dr. Rich is working on techniques to improve cornea preservation for partial thickness cornea transplants. Present techniques make it difficult to save corneas for this procedure for more than a few days.

"We hope our technique will enable us to freeze corneas for partial thickness transplants indefinitely," said Dr. Rich.

Satellite system benefits Hill physicians

Physicians from throughout the U.S. will be able to demonstrate medical techniques to doctors at Oregon Veterans Administration hospitals via satellite in an experimental television communications program beginning this fall.

Programs are being aired two hours weekly as part of a 15-month test using over 30 VA hospitals in 11 western states. Some non-VA hospitals are also taking part.

The VA hospitals include those in Portland, Vancouver, Roseburg, and White City, Oregon, according to Dr. Michael McCally, associate chief of staff for education at the Portland VA Hospital.

A satellite launched from Florida in 1976 is being used for the experiment. Participating hospitals receive broadcasts through a 10-foot parabolic "dish" antenna.

The broadcasts, from various places in the nation, will include consultations, reports on new medical procedures, techniques, research developments, management meetings, health-care personnel continuing education, and patient education, Dr. McCally explained.

Telephone conference lines will allow those viewing the television program to make comments and to question those presenting it.

In July, five Portland VA Hospital staff members attended a training seminar at the National Aeronautics and Space Administration (NASA) Ames Research Center in Palo Alto, California, to prepare for the program.

Dr. McCally said HSC personnel as well as those from community hospitals will be invited to take part in the new program.

Class of '66 to meet

A reunion of the School of Nursing Class of 1966 will be held in Portland Thursday, October 27.

The reunion will begin at 7:30 p.m. at the home of Donna Hedford, graduate of the Class of 1966, at 5343 Southwest Bancroft, Portland, 97201.

Class members who plan to attend the October 27 reunion should call Ms. Hedford at 292-0637.

Lindeman explains decision to refuse capitation funds

Dr. Carol Lindeman, dean of the HSC School of Nursing, made one of the most difficult decisions of her professional career last April.

She decided to reject $150,000 in federal capitation money for the School of Nursing. Her decision will make the next biennium a difficult period financially for the School; however, she and her faculty are satisfied—even enthusiastic—about their stand.

Dr. Lindeman's decision to discontinue the School's participation in the federal capitation grant program was based, for the most part, on an assessment of Oregon's health care needs. Throughout the last academic year, she traveled widely in the state, talking with nurses and other health professionals.

"Our identification of the needs of nursing education in this state did not match up with what the federal government required us to do if we accepted capitation money," said the dean.

She explained that acceptance of the federal money mandated that the School begin two additional programs and maintain the level of enrollment at 196 new students each year.

"Our studies had shown us that Oregon's need was *not* for an increase in the number of nurses, but was for redistribution of nurses," Dr. Lindeman explained.

"I had also looked at the quality of education at the School. It seemed to me we were straining our faculty by trying to educate so many students in our programs.

"We were forcing faculty and students to have four quarters in the academic year, with infrequent vacations—all because of the numbers of students we had to bring in so we could accept capitation monies.

"But," added the dean, "the loss of the money was always hanging over our heads. This money was a significant percentage of our annual budget, and we felt that we needed it to keep the School going."

At that time, at least 10 faculty members were being paid through capitation funds, and these faculty were necessary to keep the School's faculty/student ratio at an acceptable 1:10 level.

Throughout this difficult period, Dr. Lewis W. Bluemle, former HSC president, left the decision up to Dr. Lindeman, while continually reaffirming his confidence in her and providing support.

The dean turned to her department chairpersons and faculty for recommendations.

"The faculty were involved in the decision every step of the way. They decided they would rather face a difficult biennium than maintain a false economy by accepting capitation monies. I say 'false' because we know those monies will eventually cease. They could disappear at any point in time—before we're able to reduce our enrollment."

This factor, coupled with the dean's commitment to conducting educational programs which respond to Oregon's needs, resulted in her decision, in April, to refuse federal funds.

The inevitable ensuing money crunch is now at hand, although it has been mitigated by several factors.

First, the State Board of Higher Education allowed the School to reduce its annual enrollment of new students to 150 (as a direct result of the dean's assessment of the health care needs of Oregon).

"The faculty were involved in the decision every step of the way. They decided they would rather face a difficult biennium than maintain a false economy by accepting capitation monies. I say 'false' because we know these monies will eventually cease. They could disappear at any point in time—before we're able to reduce our enrollment."

Second, the State Legislature was impressed by the School's sound program planning and, last June, increased the School's budget allocation by $283,139.

In addition, the School had reduced its faculty by not recruiting for vacated positions and by hiring new faculty last fall on fixed one-year appointments.

Because the School still faces a financial crunch in spite of these factors, Dr. Lindeman decided to adopt a comprehensive budgeting plan.

On the basis of the number of students taught by each department each quarter in the undergraduate program, the dean determined how many faculty members were required by each department and divided this number into the total budget for undergraduate salaries ($900,000). She arrived at an average salary of about $17,500. By multiplying each department's total FTE by the average salary, she arrived at that department's annual budget for salaries.

"So we started this academic year with a student/faculty ratio that is comparable across all departments," said the dean.

"I think we are the only school of nursing in the United States that has been able to use this method to allot funds for all departments on a totally equitable basis. We've done away with departmental competition for scarce funds."

The School's budget for services and supplies has taken a beating, but by eliminating phone lines, finding cheaper duplicating systems, and studying efficiency in many other areas, the School is coping.

"It will be a challenge for us to live within our budget, but we're going to do it."

She concluded, "We had determined that the health needs of Oregon would be the basis of our programs. We felt the state was overproducing nurses. It became almost a matter of integrity to me not to take the federal money that would force us to increase our enrollment. By refusing capitation money, we're going to be able to be more responsive to the needs of Oregon."

Cafeteria remodeled

University Hospital north unit's cafeteria and related facilities are taking on a new look, thanks to a remodeling project which began in February.

Already added have been a new dishwashing room and dish machine for washing used trays, plates, glassware, and eating untensils.

Expected to be in use in October is a new serving area, which will feature a larger short-order grill and carpeting on the floor.

"Carpet deadens the noise and makes the room more attractive," said Nancy Oberschmidt, food service executive director.

"With the new larger grill the cafeteria can fill orders for hamburgers and other items on request. The old grill was too small. Hamburgers, for example, had to be fixed ahead of time."

The new serving area will include self-serve salad and beverage areas, an ice cream machine, and cold case for pies and sandwiches.

Also expected to be remodeled by October is the main dining room. It is to feature a lowered ceiling, improved lighting, new paint, and carpeting.

A vending machine room, similar to that available in the south hospital unit, and a conference dining room will be built in the old north unit serving area. This part of the remodeling is expected to be completed in December.

Buist goes to Montreal

Dr. Neil Buist, professor of pediatrics and director of the Metabolic Birth Defect Center, is on sabbatical leave in Montreal this year. Dr. Buist was awarded a Fogarty Senior International Fellowship.

The one-year grant of $20,565 from the Fogarty International Center at the National Institutes of Health, will enable Dr. Buist to study and work at the University of Montreal and Sainte-Justine Hospital with others concerned about the hereditary disorders of intestinal function that affect children.

"This fellowship will permit me to learn new laboratory methods and data interpretation as it relates to clinical practice for children with gastrointestinal and nutritional problems," Dr. Buist explained.

Dr. Sonia Buist, associate professor of physiology and medicine, School of Medicine, will accompany her husband. She will continue her Research Career Development Award at McGill University to earn a degree in epidemiology.

BENJAMIN JENSEN
director, Student Activities Building

Jensen directs SAB

Benjamin Jensen, former branch director of the Northeast YMCA in Portland, has been named director of the HSC Student Activities Building. He began his new post October 3.

Mr. Jensen, who has worked with YMCAs in Oregon and Washington for the last 12 years, is a 1958 graduate of Oregon State University. He has a B.S. degree in education and has studied counseling and social work at Southern Oregon College and Portland State University respectively.

The new director of the SAB will report to Robert Peterson, vice president for administration and finance. He will have an advisory, non-voting seat on the Student Activities Advisory Committee, which recommends policy to Mr. Peterson.

Stoner heads campus "nerve center"

The communication center's new chief operator describes how she and her 24-member staff serve the UOHSC.

Working on the UOHSC communication center's switchboard is "about the most challenging job available" for a telephone operator, according to Joyce Stoner.

In June, Mrs. Stoner, who has worked in the communications center for seven years, was named chief operator. Her staff numbers 24 full-time employees.

According to Mrs. Stoner, working at the HSC switchboard "involves more than just dialing extension numbers. You have to think every minute."

JOYCE STONER
chief operator, communications center

She added, "Our office is the nerve center of the Hill. Besides operating the main switchboard and campus information, we have total responsibility for inhouse paging, radio page, placing long distance calls, and all campus emergencies such as fires, codes, and campus injuries.

"You never know when you'll get a call about a kidney to be transplanted, a cardiac arrest, a helicopter flight with a sick baby aboard, a poisoning, or an attempted suicide.

"Our operators have to be ready for anything. New employees here learn quickly that they're not *just* PBX operators; they are communications technicians and function as a very important cog in an important health complex.

"Since so many patients call here without knowing who or what they really want, we have to teach our new operators a little bit of medical terminology."

Mrs. Stoner pointed out, "On nights, weekends, and holidays, our office is responsible for locating the on-call house staff and must make the decisions about whether or not to call faculty, department heads, or the hospital director at home. We have to stick our necks out sometimes. And we take our lumps when we make a mistake.

"But I think our staff does one heck of a job. They work hard, but I don't think they'd trade their jobs for anything."

This fall, the communications center, which operates 24 hours a day, is being remodeled and enlarged.

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