



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.

When nature fails, oral surgeons work their artistry

Patients whose faces are distorted by skeletal deformities of the jaws are finding help at the HSC School of Dentistry.

The School's oral surgery department performs about 100 corrective operations a year on persons with misshapen jaws. Known as orthognathic surgery, these procedures are done to change the position of either the entire upper or lower jaw or segments of either.

According to Dr. Ralph Merrill, head of the department of oral surgery, there are a number of types of skeletal deformities of the jaw.

These may cause the upper or lower jaw to jut forward or recede, to be too high or too short, to be too wide or too narrow, or to be lopsided. In some cases, the patient's teeth may not meet at all in the front or on one side, a condition known as apertognathia, or "open bite."

Patients may be born with these anomalies or may acquire them as a result of accidents

or trauma. For example, if a jaw fracture does not heal properly, the result may be non-alignment of the jaws, causing malocclusion (the patient's teeth do not come together correctly and bite is off.)

Dr. Merrill explained another way in which

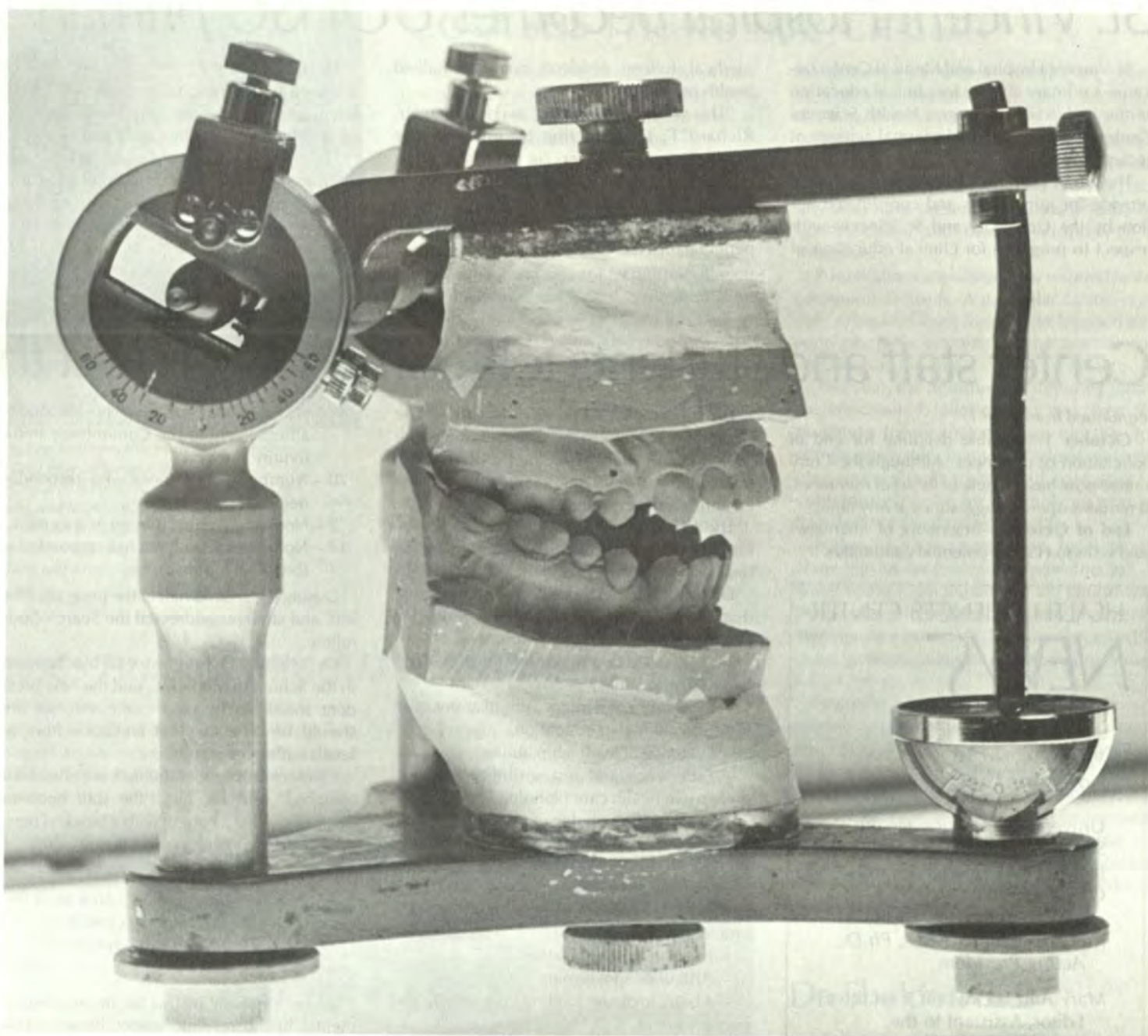
a deformity may be acquired. "For example, a child may fall off his bicycle and strike his chin. This can affect the growth center at the temporomandibular joint on one side, causing the child to develop an asymmetrical face and malocclusion."

Patients with these abnormalities often have difficulty eating and chewing. Malocclusion may lead to impaired health of the teeth, gums, and nearby soft tissues.

Speaking and breathing may also be af-

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Mounted on a device known as an articulator is a plaster cast of the teeth of a patient with a severe "open bite." The model teeth are held in the same position, in relation to the upper and lower jaw, as they are in the patient's mouth. The oral surgeon uses this study model when planning the surgical procedure, performing preliminary "surgery" on the plaster model.



Center is third with new division

The UOHSC School of Medicine is the third medical school in the country to establish an academic division or department devoted to emergency medicine as a specialty.

The School's new division of emergency medicine is headed by Dr. John Schriver, assistant professor of medicine.

According to Dr. Schriver, the recent addition of new faculty within the division now makes it possible to staff the HSC emergency room 'round the clock with at least one faculty member, in addition to assigned resident physicians.

During the emergency room's busiest hours, 10 am to 11 pm, a triage nurse is now on hand to assess the severity of each case and to assign patients to one of the four sections of the emergency suite: medical, surgical, walk-in, and psychiatric.

The two changes in emergency room staffing and procedures have significantly reduced patient waiting times, Dr. Schriver pointed out.

Other functions of the new division include the poison control and drug information center, paramedic training program, and radio communications center linking emergency service units in Multnomah County with the emergency medicine staff of University Hospital.

Staff members within the division of emergency medicine are Dr. Schriver; Drs. Marc Bayer, Tom Elo, and Joseph Bander, as-

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Neerhout outlines search for new president

Dr. Robert Neerhout commented on the progress being made by the Presidential Search Committee and answered questions asked by staff members at a recent forum.

At an open forum October 5, all interested HSC personnel and students were given an opportunity to express their views and concerns about the current search for a president of the Health Sciences Center.

The forum was conducted by Dr. Robert Neerhout, chairman of the Presidential Search Committee and chairman of the department of pediatrics.

During the first part of the program, Dr. Neerhout explained what the Search Committee has done since it was created last June and what its upcoming schedule will be.

The Committee's first task was to develop the following timetable:

July-August—Develop a list of qualifications which would be desirable in a new UOHSC president.

Numerous guests representing various aspects of the Center, professional health organizations, and the alumni were invited to Committee meetings to provide input. Opinions were also solicited by letter from a broad

spectrum of Oregon health agencies and societies.

August-September—Seek nominees through a variety of channels, including advertising. The Committee sent letters to deans of all medical, dental, and baccalaureate-level nursing schools in the U.S. and to all HSC faculty and alumni, asking for names of possible nominees.

The Committee continues to review nominees' qualifications and to request further information on all persons whom they deem to be suitable for the job.

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Hodges honored for research on prostate cancer

Dr. Clarence V. Hodges, head of the division of urology at the Health Sciences Center School of Medicine, is the first recipient of the American Urological Association's Eugene Fuller Prostate Award.

To be presented every three years to encourage research of the prostate gland, the award carries a \$3,000 honorarium and a specially designed bronze medal by the Italian sculptor Oreste Dequel.

Dr. Hodges' primary focus has been on cancer of the prostate, one of the most common forms of cancer among men. He has been interested in this field since 1940 when he was a medical student and postgraduate research fellow at the University of Chicago working with Dr. Charles Huggins, when Dr. Huggins was doing his original work on prostatic cancer.

In 1966 Dr. Huggins received the Nobel Prize for Medicine for that work, which marked the beginning of hormonal treatment of prostatic cancer. That treatment is still followed today.

Currently, Dr. Hodges is working with the combined urology service of the Veterans Administration and University Hospitals, the UOHSC's Clinical Research Center, the Primate Center and the J. Gibson Pleasants

Memorial Center for Cancer Research on several projects.

Among them, research is underway to determine which prostatic cancer patients will or will not respond to hormonal treatment, which tissue types predominate in patients with prostatic cancer, and the role of certain hormones, such as prolactin, in controlling the growth of cancer tissue in the prostate.

The American Urological Association's Eugene Fuller Prostate Award is to be presented every three years to encourage research on the prostate gland.

These studies may well give prostatic cancer patients a better chance for more appropriate treatment, according to Dr. Hodges.

Cancer of the prostate is the third highest cause of cancer deaths among men after the age of 55 and the main cause of cancer deaths among men after age 75, according to the National Cancer Institute.

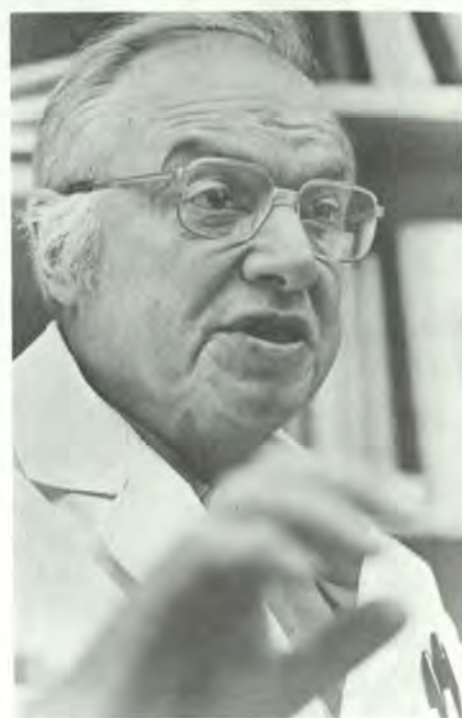
In Oregon last year it ranked second to lung cancer for cause of death among men who died of cancer. The number of men who died of lung cancer totalled 762, while the number of men who died of prostatic cancer totalled 248.

The Tumor Registry of the Oregon Comprehensive Cancer Program and located at the UOHSC estimates at least 700 new cases of prostatic cancer occur annually in Oregon.

Dr. Hodges, a professor of surgery, has been at the UOHSC School of Medicine since 1948. He earned his medical degree from the University of Chicago and received specialty training at the University of Chicago and Johns Hopkins Hospital.

Dr. Hodges has served on the board of directors of the American Board of Urology since 1972, serving as president in 1976-77. He also has served as editorial board member of the Journal of Investigative Urology, a special consultant to the Prostatic and Bladder Cancer Program of the National Cancer Institute and as an advisory council member of the Institute of Arthritis and Metabolic Diseases of the National Institutes of Health.

He is a member of numerous local and national professional organizations including the American Urological Association, the American College of Surgeons, the International Society of Urology, the Society of University Urologists, the Society of Transplant Surgeons, the American Medical Association, the Oregon Medical Association and the Multnomah County Medical Society.



DR. CLARENCE V. HODGES
head, division of urology

St. Vincent Hospital becomes UOHSC primary affiliate

St. Vincent Hospital and Medical Center became a primary affiliate for clinical education of the University of Oregon Health Sciences Center with the signing of a formal agreement in September.

The main purpose of the agreement is to provide for joint efforts and coordinated action by the University and St. Vincent with respect to programs for clinical education of

medical students, residents, nurses and allied health professionals.

"This written agreement," according to Dr. Richard T. Jones, acting president of the Health Sciences Center, "is the first Centerwide agreement the University has made with one of the numerous hospitals and health agencies that provide clinical education experience for HSC students."

He explained that the University may be affiliated with a hospital through several different programs but the agreements are at the program rather than the Centerwide level.

Of the newly established affiliation, Thomas J. Underriner, administrator of St. Vincent Hospital and Medical Center, said that the formalization of historic ties assures a continuation of the kinds of interaction be-

tween a community hospital and an institution of higher learning which are of immeasurable benefit to patient and staff.

Currently, St. Vincent Hospital provides clinical education for students of the Health Sciences Center including programs for general surgery, internal medicine, radiation oncology, cardiac surgery physician assistants and nursing.

Center staff and students tell committee about their concerns

(continued from page 1)

October 1—Flexible deadline for end of solicitation of nominees. Although the Committee now has the bulk of its list of nominees, it remains open to suggestions at any time.

End of October—Beginning of interviews and visits to HSC by potential candidates.

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physical handicap.

End of January—End of interviews. The Committee submits to the Chancellor and the State Board of Higher Education a list of about five suitable candidates for president of the Health Sciences Center.

The Chancellor and State Board will then further evaluate the candidates and make the final selection of the president.

Dr. Neerhout told those present at the forum that the Committee is using the following guidelines in evaluating all nominees:

- Experience as a major administrator of a health science unit.
- Experience as a major administrator in an institution of higher education.
- Evidence of leadership ability.
- Experience and responsibility for comprehensive health care planning.
- Working knowledge of all units of health care.
- Positive attitude for professional interaction.
- Evidence of service to community or government.
- Effective with legislators.
- Articulate spokesman.
- Ability to obtain funding from private and public sources.
- Doctoral degree or equivalent.
- Evidence of scholarly productivity.
- Clearly outstanding nominee without many of above characteristics.

The most important basic qualification is major administrative experience. However, Dr. Neerhout stressed that the Committee will strongly consider any applicant who does not fit the characteristic mold but who is a "Clearly outstanding nominee without many of the above characteristics."

Dr. Neerhout presented the following figures which reflect status of the search as of September 29: (He explained that the figures are continually changing.)

157—Number of nominees. (Although as of the October 5 forum, there were 165.)

77—Number of nominees in which the Search Committee had expressed interest.

39—Number of nominees who responded affirmatively to the Committee's initial inquiry.

20—Number of nominees who responded negatively.

2—Nominees whose interest is uncertain.

17—Nominees who have not responded to the initial inquiry.

During the second half of the program, HSC staff and students addressed the Search Committee.

Dr. Michael Litt, professor of biochemistry in the School of Medicine, said the new president should be a good communicator and should be able to elicit feedback from all levels within the institution.

"If mechanisms for feedback are allowed to atrophy," said Dr. Litt, "the staff becomes apathetic—like a patient with a blocked nerve who can no longer feel pleasure or pain."

The most important basic qualification in a UOHSC presidential candidate is major administrative experience.

Joyce Hockett, instructor in psychiatric/mental health nursing, voiced hope that the Search Committee had included "a large pool of women and ethnic minorities" among its potential candidates.

Dr. Neerhout responded that among the 39 nominees who, so far, had expressed interest in the job, there were half a dozen women and one Black.

Dr. Julia Brown, associate professor of sociology, School of Nursing, said the Committee might err in selecting nominees who are "too tightly tied to one discipline, rather than relating to the other health sciences and to the health of the American people as a whole."

Dr. May Rawlinson, professor of nursing and associate professor of medical psychology in the School of Medicine, asked, "What opportunities will the general campus have to meet with the candidates who come here for interviews?"

Dr. Neerhout answered that the nominees' visits will last two days and will be "hectic." He added that no public forum is planned; however, there will be luncheons and a dinner with various HSC and community representatives, including a luncheon at which faculty members—selected by the various deans—will be able to meet with the nominee.

Dr. Jane Siegal, assistant to the president of medicine, then suggested that the faculty should be able to select their own representatives at faculty meetings. "They would be more representative than if they were selected by the deans."

Dr. Neerhout said this "may be a viable alternative" for the three Schools, but that the current plan was to allow the deans to determine their own process for this selection.

Jane Nelson, nursing student and representative from the All-Hill Council, asked why students had not been solicited for input into Committee actions.

Dr. Neerhout said the Committee had assumed that the housestaff and student representatives on the Search Committee would solicit input from their respective groups. The Committee also felt that notices in *Campusgram* soliciting nominees would serve to contact this group. He added that the Committee is still open to nominations.

Dr. Forrest Rieke, School of Medicine alumnus and clinical faculty member, said the Committee should take into account the public's expectations of the president. "Are the dollars being spent on medical education worthwhile? Is the medical education system appropriate and responsive to the needs of the public?" queried Dr. Rieke.

Dr. Neerhout responded that the Committee has made great effort to gain input from the public. They have met with as many representatives of the professional community as possible and have actively sought written suggestions from a large number of community agencies involved in health care.

He emphasized that the Committee is "quite sensitive to the need for broad based input into the selection process."



Nursing students at the Health Sciences Center are wearing new uniforms this year. Above, Rebecca Ehrich, left, and Kathy Ford, right, both sophomores, wear their new uniforms during clinical training in University Hospital. The uniforms were selected by a committee of students directed by Shelly Jordan, assistant professor of medical-surgical nursing, and Martha Watson, administrative assistant. The move to change the uniforms was student-generated with major impetus coming several years ago from the Class of '77. A poll of students revealed that they were especially interested in having a choice between a dress and a tunic-and-slack uniform.

New department stresses nursing graduate studies

Marie Berger, associate professor of nursing, has been named chairperson of the School of Nursing's new department of graduate studies.

The department was established to help promote the "expansion of graduate education as the number one priority in nursing education in the state," according to Dr. Carol Lindeman, dean of the School.

"Oregon is far below the national average as far as nurses prepared above the baccalaureate level," said Dr. Lindemann.

The School of Nursing has asked that the state lift its graduate enrollment ceilings at the HSC School. The dean hopes to expand master's and nurse practitioner programs, develop a doctoral program, and offer—under the auspices of the HSC School of Nursing—graduate courses at other Oregon campuses.

According to Dr. Lindeman, "More than 75 per cent of nurses in this state who hold administrative positions are not prepared academically for those jobs."

Ms. Berger, new graduate studies chairperson, holds a bachelor of science degree in psychology from the University of Houston and a master's in psychology from the University of Utah.

She is a doctoral student in urban studies at Portland State University.

Ms. Berger held clinical nursing and ad-

ministrative posts from 1950 to 1969 in Missouri, Texas, and Utah. In 1969, she was named an instructor at the University of Utah College of Nursing. She joined the HSC fac-

Newsmakers

Dr. Paul Blachly, late professor of psychiatry in the School of Medicine, has been posthumously honored by the Mental Health Association of Oregon with a Professional Award for distinction in treating the mentally ill and promoting mental health.

Dr. John M. Brookhart, professor and chairman of the department of physiology, has been re-elected treasurer of the International Union of Physiological Sciences. As treasurer, he is also a member of the Executive Committee of IUPS along with four other scientists from Great Britain, Russia, Switzerland, and Hungary.

In a recent article in the Redmond, Oregon, *Spokesman*, School of Medicine alumnus Dr. Roger Stack reflected on his experiences in a MASH unit in Korea in the early 1950s. Dr. Stack's unit, the 8055th, is currently being portrayed in the television series, *M*A*S*H*, based on a book written by one of Dr. Stack's fellow physicians in the unit, Dr. H. Richard Hornberger.

School of Medicine alumna Dr. Eileen

Brenneman King, director of the cytology laboratory and training program at the University of California Medical Center in San Francisco, is the first woman president of the American Society of Cytology.

The outpatient clinic at the University of Oregon Student Health Service in Eugene was dedicated in October to a husband-wife team of doctors, Fred N. and Marian Hayes Miller, of Eugene. Dr. Hayes is a 1930 alumna of the HSC School of Medicine.

May Laski, administrative assistant in central supply, has been elected chairman of employee benefits of the Oregon State Employees' Association.

Dr. Howard Cherry, 1943 graduate of the School of Medicine and volunteer member of the HSC faculty, was recently elected chairman, for the second time, of the Portland Community College board of directors. Dr. Cherry is a Portland orthopedic surgeon and state representative from district 14.

Dr. Lireka Joseph, assistant professor of public health dentistry, has received the 1977 Community Dentistry Award from the American Dental Association. Dr. Joseph has also been elected a member of the Section Council for the American Public Health Association.

Courses make the circuit

The School of Medicine's division of continuing medical education is reaching out to Oregon's physicians again this year with an annual program of circuit courses.

The half-day courses are sponsored jointly by the School of Medicine and the Oregon Medical Association.

Designed to keep physicians in outlying areas of the state up to date on the latest medical advances and current techniques, the circuit courses are presented throughout Oregon. The circuit course program has been in existence about 10 years. This year, more than 40 presentations will be offered, running from October through May.

According to Dr. J. S. Reinschmidt, director of continuing medical education, "We strive to make the presentations as informal as possible, with as much faculty-participant interaction as possible. The presentations usually close with a free-wheeling panel discussion."

Included among this year's courses are *Stroke Prevention*, *Disorders of the Lower GI Tract*, *Hyperlipidemia*, *Obesity and Diabetes*,

Evaluation of the Severely Injured, *Advances in Pediatrics*, *Endocrinology*, and *Controversies in Pulmonary Medicine*.

Dr. Reinschmidt explained that the course offerings are developed on the basis of input from local areas, needs perceived by HSC faculty who have presented courses in outlying communities, and new developments in medicine.

Presentations are designed to respond to the community's needs. A particular course may vary somewhat from location to location depending, for example, on the number of specialists in the area.

This year, the division of continuing medical education is offering two new types of programs: the visiting-professor elective (for communities with many specialists) and several courses built to respond to a special community need—for example, a course based on results of medical audits.

Following each presentation, local physicians fill out an evaluation form directed at determining if the material in the course was pertinent and if they anticipate any changes in their practice as a result. They are also asked to make general suggestions regarding future course topics.

Since the School of Medicine recently was granted continued full accreditation for continuing medical education by the Council of Medical Education of the American Medical Association, the division is able to offer Category I credit for the Physicians Recognition Award. This is the highest credit available.

The circuit courses have also been granted prescribed credit by the Oregon Academy of Family Practice.

Dr. Sheldon dies

Dr. William Sheldon, professor emeritus of medicine at the HSC School of Medicine, died in Cambridge, Massachusetts, in September.

Best known for his theory that body type was related to behavior, Dr. Sheldon had, in recent years, divided his time between work at the HSC School of Medicine and at the Biological Humanities Foundation in Cambridge.

Dr. Sheldon, a New England native, earned a degree in psychology from Brown University and later earned an M.D. from University of Chicago Medical School. After earning his medical degree, he traveled to Europe where he mingled with the more celebrated persons in his field, Aldous Huxley and Carl Jung.

Dr. Sheldon wrote two books: *Psychology and the Promethean Will* and its sequel, *Prometheus Revisited*. He was known to have referred to them as "pieces of trash," although friends say he may have secretly considered the books his most important work.



MARIE BERGER

chairperson, department of graduate studies

Programs answer needs expressed by state's nurses

As a result of programs being established at various campuses by the HSC School of Nursing, there will be greater availability of baccalaureate nursing programs throughout Oregon both for beginning students and registered nurses.

Plans by the School of Nursing to set up replicate programs at various Oregon campuses are progressing smoothly.

The projected four-year baccalaureate program in nursing at Eastern Oregon State College has received approval from the Oregon Educational Coordinating Commission and from the state legislature's Emergency Board.

A three-year, \$600,000 grant from the Department of Health, Education, and Welfare which will support the program initially is still pending.

In the meantime, Dr. Carol Lindeman, dean

of the School of Nursing, and Donna Schantz, assistant dean, are traveling periodically to the EOSC locale, talking with prospective students—including beginning students and registered nurses—and working with college administrators to lay groundwork for the first classes next fall.

Dr. Lindeman and her staff are also working hard to establish baccalaureate programs for RNs at the University of Oregon and Oregon State University.

"During the last year, we received more than 350 letters from RNs and others who wanted us to set up this kind of a program," explained Mrs. Schantz.

"We went to Eugene and Corvallis to talk to administrators and deans at the two universities. They were very supportive and encouraging. They'd also been listening to many requests from RNs."

Mrs. Schantz said the projected programs at UO and OSU will accommodate part-time

as well as full-time students. This will enable working nurses to continue employment while earning a bachelor's degree.

Students in the program will take already existing classes at UO or OSU to pass their basic, required courses. The HSC School of Nursing will supply nursing faculty for the nursing major requirements.

The HSC School is now working with counselors at UO and OSU to set up counseling programs for RNs who are considering earning a baccalaureate degree.

Counseling is vital, said Mrs. Schantz, since each RN's background, schooling, and experiences are different and can affect entry level in the program.

The State Board of Nursing recently proposed the expenditure of \$35,000 from its Continuing Education Fund as start-up money for the two programs in the mid-Willamette Valley.

The money would be used for library re-

sources, travel, counseling costs, and instruction for the beginning courses.

"We hope to begin the first classes in the spring of 1978," Mrs. Schantz said.

Clinic seeks families

The Family Practice Clinic in Emma Jones Hall is seeking additional families from among personnel who do not currently have a primary physician.

The department hopes that such families would become permanent patients of the clinic. Employees may call 8573 for details.

Family practice is that specialty in medicine which provides continuing and comprehensive care without regard to age or sex and places a strong emphasis on prevention of disease. Consultation and referral are sought as indicated.

Orthognathic surgeons repair facial distortions, improve function

(continued from page 1)

fect. For instance, breathing problems may exist. In the patient, a severely receding lower jaw whose tongue is forced into a position far back in the mouth, reducing the available airway.

In addition to these functional disturbances, patients may have psychological problems as a result of their facial deformity. Their self-image, emotional well-being, and relations with others are all adversely affected.

The object of corrective surgery is to restore function, protect the teeth and tissues from further damage, and create facial features which appear normal. Surgery is usually performed when patients reach their late teens (the average age is 18), after growth is completed. Dr. Merrill explained that in most cases, oral surgeons and orthodontists work as a team to assure that the patient's teeth are appropriately aligned before surgery.

Next, by performing mock surgery on plaster models of the patient's mouth, the oral surgeon determines the correct operative procedure.

Cephalometric analysis also plays a role in the oral surgeon's pre-operative planning. Using an acetate sheet superimposed over a skull X ray (the combination is called a cephalogram), the surgeon determines precisely what the patient's defects are and how to alter them to obtain best results.

Orthognathic surgery involves a variety of procedures. For example, if the patient has a protruding lower jaw, the surgeon may extract a tooth on each side, remove a segment of jaw bone, and then move the front teeth backward.

If the patient's jaw is too short, a bone graft from the hip may be used to fill in the chin area. If the face is lopsided, the surgeon may cut into existing bone and insert a wedge of grafted bone to realign the jaw.

Many surgical procedures and variations are possible, including splitting, sliding, repositioning, wiring, and using bone and silicone implants.

In some instances, an over-sized tongue has caused the patient's jaw deformity. The tongue's strong muscles can cause an open bite and mal-developed jaw. To alleviate the problem, the oral surgeon reduces the size of the tongue by removing a wedge from the sides or tip.

Dr. Merrill pointed out that many of the more complex orthognathic procedures were developed only in the last five to 10 years. He added that whereas in the past, many of these operations were performed via incisions in the patient's neck and face, leaving scars, most are now performed through the mouth. Absorbable sutures are used.

Following orthognathic surgery, the oral surgeon affixes a metal or acrylic appliance to hold the patient's teeth and jaws together for six to eight weeks during healing. Dr. Merrill said this is necessary because the surgeon has "created fractures which must heal in an immobilized position." (During this time, patients eat liquid diets which must filter between the spaces between teeth.)

In some cases, the jaws need not be wired together during healing. Instead, the surgeon uses rigid splints attached to the teeth.

In addition to seeing dramatic physiological improvement following surgery, Dr. Merrill says he often notices a "big difference" in

patient's psychological outlook.

"Their self-image improves," he explained. "For example, before surgery, a woman may come to her appointments looking a little straggly and inattentive to her appearance. After surgery, she may arrive with new clothes, make-up, and a new hair-do."

One patient at a state mental institution was a recluse before HSC oral surgeons corrected her severely protruding upper jaw,

long face, and open bite. Following surgery, her emotional outlook improved, and she was able to accept intermittent employment outside the institution.

Dr. Merrill estimates that in addition to the four full-time faculty members at the School of Dentistry who do orthognathic surgery, there are probably between 10 and 20 other oral surgeons in Oregon who perform this type of surgery.

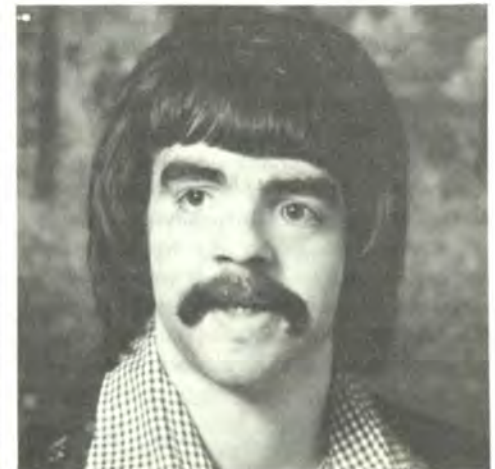
The photographs below illustrate the case of a young man with a congenital abnormality involving a poorly developed lower jaw. Deficient growth centers at the temporomandibular joints (where the lower jaw articulates with the skull on the left and right sides of the head) resulted in an open bite and severely receding chin. These problems were corrected in staged procedures. First, oral surgeons operated on the lower jaw, removing the bicuspid on each side. Next, they cut through the lower jaw and advanced the anterior segment forward and up. Resulting gaps on both sides were filled with the bone grafts from the patient's ribs. Next, orthodontists realigned the teeth. Then, another surgical procedure was performed (involving the anterior teeth) to close the open bite further. In addition, silicone implants were placed in the chin.



Photos show patient's open bite, left, and corrected bite following orthodontic realignment and surgery.



Profile and full-face view before surgery.



Profile and full-face view after surgery.

Researchers study sodium valproate

The department of neurology has just begun a two-year study of Sodium Valproate, a new anti-epileptic drug which has received wide coverage in the national news media because it is not available in the U.S.

According to principal investigator Dr. Paul Ash, clinical assistant professor of neurology, the study is a cooperative effort of the Health Sciences Center and the Epilepsy Center of Oregon at Portland's Good Samaritan Hospital and Medical Center.

He said the drug, which is also known as Depakene, has been available and used with apparently effective results in different countries around the world. "Some epileptic patients from Portland are going to Canada and Mexico to get the drug," he said.

In October, the Neurological Drug Advisory Committee of the Food and Drug Administration recommended approval of the new drug application submitted by Abbott Laboratories for the marketing of valproic acid (Depakene).

The FDA must now formally approve the Abbott application before Depakene is available by prescription.

The HSC study is one of several in the country designed to see if Sodium Valproate

meets federal Food and Drug Administration requirements for the marketing of a new drug. Specifically, the Health Sciences Center study is directed at determining how effective Sodium Valproate is in treating people, age 12 and over, with epilepsy.

Dr. Ash said the main benefit of the drug "appears to be in childhood seizures. But in European studies, it is thought to be effective in up to two-thirds of adults with epilepsy. It's considered to be highly desirable because of an almost total absence of sedative and other unpleasant side effects sometimes present in other drug therapy to control epileptic seizures."

Epilepsy is a chronic disease of the nervous system, characterized by seizures. While anyone can have the disorder at any time during his or her life, 75 per cent of the cases begin before age 20, Dr. Ash said.

Although there is no real cure, 70 per cent of epileptic patients under a physician's care gain control over their seizures through appropriate therapy.

It is estimated there are over 20,000 adults and children in Oregon who have epilepsy.

The study, which will cost up to \$20,000, is being funded mostly by the Epilepsy Center.

Hospital's cost-cutting program saves \$3 million

Cost containment efforts in University Hospital have put a brake on escalating costs in a number of important areas, according to Dr. Donald Kassebaum.

Dr. Kassebaum, vice president for hospital affairs, explained that during the last two years, University Hospital's cost containment program reduced spending by \$3 million.

Two areas in which Hospital administrators conducted special cost-cutting programs were the Clinical Laboratory and diagnostic radiology.

"The programs to control the use of the Clinical Lab and X-ray services significantly reduced utilization," said Dr. Kassebaum.

"Prior to our cost containment program," he continued, "the number of clinical lab tests ordered increased annually 20 to 30 per cent, depending upon the nature of tests. We have curtailed the annual escalation to between 10 and 15 per cent overall, now in keeping with the experience of most other teaching hospitals."

"First, we approached the staff with cogent argument and reason. Where that failed, we resorted to not so subtle intimidation. Cost containment was probably successful because we used a little bit of both."

"Last year, the Clinical Lab did 200,000 less tests than the year before. We estimate that this reduction saved the Clinical Laboratory about \$300,000."

"During the last year, we maintained a virtually stable level of costs in the busiest divisions of the Clinical Lab (hematology, microbiology and chemistry)."

Dr. Kassebaum added, "Diagnostic radiology, which had shown an annual increase of 2,000 additional procedures annually, in fact, did 1,000 less than the previous year. The savings from decreased ordering of X-rays was probably around \$50,000."

He explained that the rising cost of hospital care is due in large proportion to the ever-increasing numbers of tests and services performed for each patient.

"We decided last fall to make our hospital staff aware of how much these tests cost the patient and the Hospital. Our goal was to make them cost conscious about lab tests and X-rays."

"First, we approached the staff with cogent argument and reason," explained Dr. Kassebaum, adding with a smile, "Where that failed, we resorted to not so subtle intimidation. Cost containment was probably successful because

we used a little bit of both."

There were numerous elements in the cost awareness campaign, including:

—Buttons saying "Good grief! Not another lab test!" and "Good grief! Not another X-ray!" which were worn by nursing, lab and X-ray staff;

—Articles from medical and health care literature which stressed the medical and financial benefits from being more selective and reducing the quantity of tests ordered. Copies of these articles were sent to all physicians;

money by revising forms (reducing the time required for hand transcription) and by using automated equipment which can do tests more cheaply. In a periodic newsletter, Dr. Marquardt is continuing to publish the costs of new tests.

Stan Urban, University Hospital administrator, explained a number of other ways in which the Hospital is working to hold down costs.

"We've made 'accountability' a key concept in our cost control program. Budgets used

"Using information in the monthly reports of the Commission on Professional and Hospital Activities (of the American Hospital Association), we can follow trends and spot areas in which we need to focus further attention."

Volume purchasing—using the state system of bidding—has accounted for considerable savings. In addition, the recommendations of the Hospital's new Products Evaluation Committee are expected to standardize materials and to result in the selection of the most cost-effective products available.

University Hospital also is participating in a study of CAT scanner use patterns in Oregon, said Mr. Urban. The study may result in guidelines for scanner use which will contribute to cost-effectiveness.

Mr. Urban explained that the Hospital is continually measuring its "utilization of service." In other words, the occupancy rate on the various wards must be sufficient to cover the ward's fixed costs. If not (as in the case of one UHN ward last year), beds may be closed, or other adjustments made.

In addition, there is a continual review of staffing patterns to insure that work is done by appropriate personnel, i.e., clerical work performed by clerical staff, so that nurses are free to care for patients.

"We've required them to do a monthly analysis of where their budget stands. Now, they're able to make budget decisions based on first-hand knowledge."

An intravenous therapy service is under development which will substitute for the work now done by the equivalent of 18 full-time nurses on the hospital services.

According to Dr. Kassebaum, "There is considerable wrangling nationally about the causes of rising health care costs and the methods to control them."

"Inflation accounts for part of the cause; but the demand for a greater number of services—by doctors and their patients—is a major factor."

"The public believes that a greater variety and quantity of services will generate care that is more available and of higher quality. They expect their physicians to perform without error, making doctors order more tests and services to enhance the accuracy of diagnosis and treatment."

"We are now trying to examine these expectations in terms of costs and outcomes in order to determine where there is room to cut back without compromising the results of health care."



—Copies of real patient bills sent to physicians showing how the costs of diagnostic tests influenced the overall charges;

—Price catalogs prominently located at all nursing stations.

According to Dr. Victor Marquardt, assistant director of the Clinical Laboratory service, the resulting reduction in laboratory tests has enabled his department to reduce its staff by eight employees. (Vacated positions were simply left unfilled.)

Dr. Marquardt's staff has saved additional

to be a mystery to many departments. Through continual sharing of information, departments are now held more accountable for their budgets.

"We've required them to do a monthly analysis of where their budget stands. Now, they're able to make budget decisions based on first-hand knowledge. They feel good about this."

Mr. Urban continued, "We're also actively involved in comparing our costs with those of other university and community hospitals."

Faculty member cites growing needs of state's elderly



A grant to fund the planning of a geriatric nursing curriculum for the HSC School of Nursing has been awarded to Phyllis Michaelson.

Elderly people have a lot to offer to the younger generation, says Phyllis Michaelson, assistant professor of medical and surgical nursing.

Their humor, their philosophy and wisdom, and their multitude of experiences can all serve to enrich the lives of younger persons who take the time to get to know their elders.

"I've met a lot of older persons," Ms. Michaelson commented, "and each time, I've gone away enriched. They have so much to share with us—a lifetime of experiences. They've lived through the Depression and all the technological changes in our society."

"I've learned much from them about humor. Many older persons are very hardy; they've lived through a lot. And this has given them a good philosophy for dealing with problems."

"Some years ago," she continued, "as I began to realize how much I've learned from

them, I became increasingly interested in gerontology. I wanted to become involved in geriatric nursing."

Ms. Michaelson's growing enthusiasm led to a sabbatical leave during which she gained practical experience working with elderly persons, and to completion of a gerontological nursing certificate from the University of Southern California. She has also coordinated a series of workshops for nurses caring for the elderly in nursing homes and long-term care facilities.

Culmination of her efforts to promote the field of gerontological/geriatric nursing at the HSC School of Nursing was the recent \$36,000 grant awarded to her for one year by the Department of Health, Education and Welfare.

The grant will allow for planning a gerontological/geriatric nursing curriculum for the School of Nursing.

The number of elderly persons is growing rapidly, she points out. "By 1985, there will be 85,000 persons 65 and over in Multnomah County alone. Somehow, we will have to prepare nurses to help meet the needs of this special group of people."

"We are beginning to realize how complex the physical and psychosocial needs of the elderly really are and that the number of stressors with which the elderly have to cope increases with the passage of time. To provide nursing care for this group of people, whether

of a health maintenance or restorative nature requires highly skilled nursing judgment," Ms. Michaelson continued.

"As a result, nursing schools are beginning to look more carefully at the inclusion of gerontological/geriatric nursing content at all program levels, namely undergraduate, graduate and continuing education."

Included among the data currently being gathered by Ms. Michaelson are surveys related to the nursing needs of Oregon's elderly as well as the educational needs of the state's nurses caring for the elderly.

She will also visit various schools throughout the state which are offering courses in gerontology to determine the relevance of these courses for students interested in pursuing a career in the area of gerontological/geriatric nursing.

Also currently in the planning stages are trips to the midwest and east to discuss curriculum offerings in the field of nursing care of the elderly with other nursing educators, as well as visits to several innovative clinical settings where the elderly receive care.

Upon completion of the data-gathering process, she will write a curriculum for gerontological/geriatric nursing at the HSC School of Nursing based on her findings. She also anticipates writing a proposal to secure funding for implementation of the curriculum. The School of Nursing's long-range plan calls for implementation of the curriculum in 1979.

PHYLLIS MICHAELSON
assistant professor of medical and surgical nursing

Merger means more protection by Center security force

The formerly separate divisions of parking and security have recently combined as the new HSC department of security. The 27 person department provides security services on campus seven days a week, 'round the clock.

A new HSC department of security has been established at the Health Sciences Center.

It is composed of the formerly separate divisions of parking and security and is headed by James Taylor, security director.

There are 27 persons within the combined department, including seven command officers and 20 other uniformed patrolpersons.

The equivalent of six of these patrolpersons is assigned primarily to traffic and parking matters. The rest of the officers provide security services and, in addition, handle traffic matters as well.

In emergency situations, all uniformed officers may be called upon to respond.

As a result of the merger, Warren Davis, former parking supervisor, is now office manager for the department and supervises clerical staff, in addition to other duties.

Mr. Taylor said he believes the merger has proven "extremely beneficial because it en-

ables us to provide more protection and coverage without hiring additional people.

"In a recent instance," he recounted, "a man who stole an employee's purse was apprehended by officers within 45 seconds after the theft."

He added, "The response time for assistance by an officer to any point on the campus is an average of 4½ minutes."

Mr. Taylor's department provides security services on the campus seven days a week, 'round the clock. Related duties which they perform include giving directions to visitors, helping start cars with dead batteries, assisting patients who can't remember where they parked their cars, and many other services.

Under Oregon state law, all HSC officers have authority as "peace officers." ORS 352.360 gives them authority to issue citations and make arrests. The HSC officers may, at their option, carry firearms while on duty and in uniform. Presently, all patrolpersons have qualified, and do bear firearms.

Before he or she is authorized to carry a gun, each officer is given intensive training in the use of firearms and the civil and legal liabilities involving their use.

Officers are subject to a strict HSC firearms policy prohibiting the use of a gun except to

save the life of the officer or an innocent person, and then only under conditions which allow the use of deadly physical force under the law.

So far, no officer has ever used his or her weapon or had occasion to draw it.

Mr. Taylor believes that the bearing of firearms by HSC officers is a necessity, and he points to records and intelligence information showing that dangerous felons frequent the campus on occasion.

In the past, officers have had to remove knives and guns from patients in the emergency room. On one occasion, during a night security patrol, an HSC officer was fired upon.

The new security director pointed out that officers at the Center are clearly identifiable by their distinctive blue uniforms, similar to those of the Portland Police Bureau.

New stetson hats were purchased by the individual officers—at their own expense—to distinguish them from Portland officers. Mr. Taylor commented that the Portland and HSC forces have an "excellent rapport."

The new security director added that he has requested that his department be renamed the HSC division of police services.

Since the department was consolidated, Mr.

Taylor has hired the force's first two women officers. They are Patrolwomen Karen Gaston and Kathleen Martin.

Officer Gaston has a bachelor of science degree in criminology from Southern Oregon State College and worked for the Medford and Milwaukie police departments prior to accepting her new position.

Officer Martin is a former private in the U.S. Army. She has also worked as a statistical analyst for the Portland Rape Hotline.

Mr. Taylor emphasized that priorities of the new department include intensive in-service training of all officers and prompt, courteous service to all on the Hill.

"I welcome anyone who would like to come to my office with suggestions for better service or complaints of any kind," said the security director.

Wassail planned

Faculty of the School of Nursing will host a Christmas wassail December 9 from 2:30 to 5 pm for students, friends of the School, and staffs of clinical agencies which participate in the School's programs.

Crowd goes wild as tongue depressor sails 35 feet

The fourth, world-famed International Tongue Depressor Hurling Contest was held September 30 near the Child Development and Rehabilitation Center on south campus.

The noon-time event brought to the fore a lot of talented and dedicated hurlers—as well as the usual annual assemblage of campus characters.

Head Judge Don Nelson commented to visiting television and newspaper reporters that this year's contest was like the last three: "There's no redeeming social value whatsoever."

Dr. Nelson, who doubles as associate professor of speech therapy and CCD, informed

the audience and contestants that absolutely "no spitting, cursing or profanity" would be allowed on the Hurling Green this year, adding, "Dammit, we're going to enforce it."

Crowd Control Officer for the contest was Dr. Robert Blakeley, and Dr. Warren Fay served as Head Linesperson. The three non-nonsense officials turned what might have been a free-for-all into a free-for-all.

After all hurlers had made their attempts—some enthralling, others pitiful—the winner and runners-up were announced.

The crowd went wild as Douglas Golden, last year's defending champion, was announced winner again this year. Dr. Golden, a

CCD psychologist, had earlier arrived at the contest carried atop a fleet, local firetruck—his long red cape billowing behind him.

The winner announced that he felt "humble but proud" of his toss of 35 feet, seven inches. He added that he believed the pizza he'd eaten for breakfast had made "all the difference."

First runner-up was an individual dressed in surgical garb and mask with a cartridge belt looped over his shoulder. Some persons in the crowd thought the Mystery Man, who threw his tongue depressor 32 feet, 11 inches, resembled Dr. Gerald Prescott, a hitherto respected associate professor of medical gene-

tics, perinatal medicine, and CCD.

Second runner-up in the Tongue Depressor Hurling Contest was Robert Finch, a medical technologist, who tossed his blade 32 feet, three inches.

As this year's hurlers proved, a tongue-depressor throwing contest is no time to try to maintain one's composure. Below on the left, Ruth Spoerli exhibits superior hurling style. Small photos, center, intense determination at the moment of the hurl shows on the faces of (top to bottom) Larry Sturholm (KATU-TV reporter), Dr. Daryl Anderson, John Hale, and Mary Enloe. Top right, Officials Drs. Robert Blakeley and Don Nelson single out an offender to be penalized. Bottom right, Champion Dr. Douglas Golden parades victoriously before the crowd.



First paramedic trainees begin six-month program

The first class to participate in the Health Sciences Center's new emergency paramedic training program began meeting in October in University Hospital (North) under the direction of the division of emergency medicine.

Among the students' learning experiences during the first few weeks of training were a class involving dissection of a cow heart—so that students could learn more about the anatomy and function of the heart—and an IV workshop. At the workshop, trainees practiced starting IVs on each other.

Funded by a three-year grant from The Collins Foundation, the new paramedic training program has 14 students in its first class. They are from ambulance companies and fire departments.

The program will train 14 paramedics every six months to meet standards for certification as advanced emergency medical technicians.

The 1200-hour training program will include 450 hours of classroom instruction, 500 hours of in-hospital clinical rotations, and 250 hours of field internship.

Trainees will learn to provide medical assistance to victims of heart attacks, drug overdose, and trauma, including special techniques to extricate accident victims.

Faculty and staff in different HSC departments are collaborating in the students' instruction. Community hospitals and local emergency medicine physicians will also participate in their training.

Trainees will receive instruction in many areas, including anatomy, physiology, aseptic technique, and starting intravenous lines. Training in cardiology will be heavily emphasized both in the classroom and in clinical experiences. In addition, students will be instructed in defensive driving and all types of

rescue work.

One highlight of the program is a sign-language course taught by two educators of the deaf, one of whom is herself deaf. The trainees will learn sign language to use in emergencies involving persons with hearing deficits. (About 120,000 persons in Oregon have hearing deficits.)

In addition to instruction in direct patient care, the students will be introduced to local, state, and national trends in organizing emergency medical services.

Director of the paramedic training program is Dr. Tom Elo, who has been involved in emergency medical services in Cincinnati, San Diego, and Seattle for the last six years.

Dr. Elo, who is a charter member of the American Trauma Society, earned his M.D. degree from the University of Kentucky School of Medicine, and served a residency in emergency medicine.

Mr. Knut Eie, coordinator of the paramedic training program, was trained as a physician's assistant in critical care and emergency medicine in Oslo, Norway. He is licensed as a paramedic in California, Utah, and Oregon.

Mr. Eie taught paramedics at Queens Paramedic School in Los Angeles and Sacramento and was president and general manager of Rocky Mountain Paramedics, Ogden, Utah.

He has 12 years of experience in emergency medical services.

Emergency medicine division established

(continued from page 1)

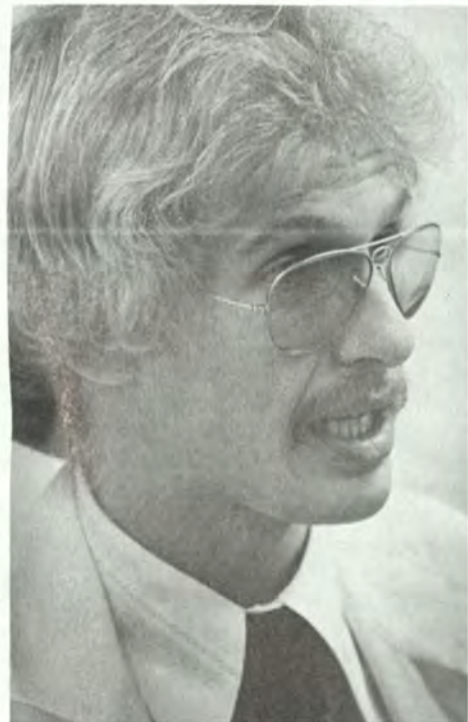
sistant professors; Dr. Jeff Davis, instructor; and Mr. Knut Eie, paramedic program coordinator and research assistant.

Dr. Bander, who, along with Dr. Schriver, is co-director of the medical intensive care unit, was formerly a critical care fellow at the University of Southern California Center for the Critically Ill.

He earned his medical degree from New York Medical College and served his straight medical internship and medical residency at the Los Angeles County-USC Medical Center, where he was named an instructor in 1976.

Dr. Davis earned his M.D. from the University of Wisconsin in 1974. He completed an internship and residency in internal medicine at the HSC's University Hospital before accepting his new post.

Background information on Dr. Elo and Mr. Eie appears directly above in the article concerning the HSC's new emergency paramedic training program.



Large photo below: Practicing on each other, trainees in the HSC's first paramedic class learn to start IVs. Left, top photo: Dr. Tom Elo, program director. Bottom photo, Coordinator Knut Eie.



Dr. Hardesty chairs department

Dr. Florence Hardesty has been named chairperson of the School of Nursing's department of psychiatric nursing.

An associate professor of nursing, Dr. Hardesty joined the Health Sciences Center faculty in 1976.

The new nursing chairperson received her doctoral degree in counselor education from Kent State University in 1971 and her master's in psychiatric nursing from Case Western Reserve University in 1966.

Dr. Hardesty has held a number of clinical nursing positions in Pennsylvania and Ohio and has served on the faculties of Russell Sage College, Troy, New York, and Cuyahoga Community College, Cleveland.

In 1972, she served as a consultant to the Pan American Health Organization and the World Health Organization, teaching graduate nurses in Guyana in South America.

Dr. Hardesty has had a part-time private nursing practice in Portland since 1976.

She is the author of six professional articles and one book chapter and has presented about a dozen workshops on various aspects of nursing.



FLORENCE HARDESTY
chairperson, department of psychiatric nursing

Vernon confers with Europeans

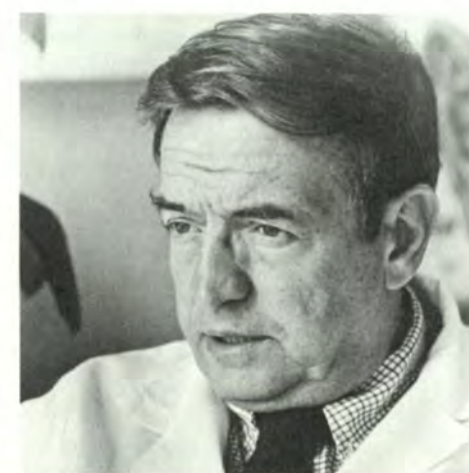
During a recent two-week trip to Europe, Dr. Jack Vernon, professor of otolaryngology and director of Kresge Hearing Laboratory, spoke with European audiologists and physicians who currently dispense tinnitus maskers or plan to do so in the future.

Tinnitus maskers, developed by Kresge Hearing and Research Laboratory at UOHSC, are battery-powered devices worn like a hearing aid by persons who suffer from tinnitus.

The masker replaces the ringing, buzzing or clicking sounds that the inner ear produces in tinnitus victims with a sound likened to the gentle splashing of waves, providing great relief to the sufferer.

Dr. Vernon has provided the training for all individuals in the U.S. who fit maskers for tinnitus patients. The purpose of his trip to Europe was to explain the same procedures which the Kresge Hearing lab follows when fitting maskers to tinnitus patients. The methods used at the UOHSC are based on more individual testing and more personalized fitting for the tinnitus maskers than that used by European physicians.

Dr. Vernon presented eight speeches during 11 stopovers including the Royal National Institute for the Deaf in London, and the cities of Frankfurt, Freiburg, Munster, Utrecht, Amster-



Dr. Jack Vernon

dam, and Rotterdam. In Copenhagen, The HSC researcher gave the keynote address for the dedication of a research center for Oticon Hearing Company.

"These physicians showed interest in our work because they see so many cases of tinnitus and they want to help people suffering with it," Dr. Vernon said. "It's amazing how widespread tinnitus is and yet how few people understand it or even know about it."



Instructor Kay Eidal, who teaches students how to care for critically ill children, now is able to spend one day a week working in the pediatric intensive care unit. Above, she cares for a baby recovering from open-heart surgery.

Faculty urged to practice clinical skills

In an effort to improve the quality of education and to acquire new knowledge, nursing faculty at the HSC are being given an opportunity to get involved in research and in the clinical practice of nursing.

"Those who can, do. Those who can't, teach."

When would-be teachers ascend the ivory tower, must they renounce contact with the real world—the world about which they must teach their students? Does it not follow that they will forget how to "do" and continue only mechanically to "teach?"

When Dr. Carol Lindeman took over the

job of dean of the HSC School of Nursing more than a year ago, she soon concluded that, in fact, many of her faculty were losing touch with the actual practice of nursing.

"If faculty members teach only the material contained in textbooks, it is logical that the quality of education will suffer, since textbooks are quickly outdated," explained Dr. Lindeman. "You can't be an effective teacher if you're not up to date on what you're teaching."

In an effort to get her faculty back into the mainstream of nursing practice, Dr. Lindeman and her administrators devised a way to shift individual faculty members' workloads so that roughly one day a week would be open for either clinical practice or research.

"We reconceptualized the role of our faculty," said the dean. "We created a value system which stresses the acquisition of new knowledge through nursing practice and research."

"We believe the new program will improve the quality of education and will help our School contribute to the mission of the Health Sciences Center: Schools are responsible not only for disseminating knowledge but also for acquiring and generating new knowledge," she observed.

This year, 12 faculty members are participating in the new program. Every succeeding year, depending on budget limitations, more faculty will have an opportunity for practice or research.

Participating faculty were selected on the basis of their written statements about their special interests, skills they wanted to develop, and projects they hoped to carry out.

Eleven faculty are involved in clinical practice,

and one is doing a research study. Most of those in clinical situations are working either at the VA Hospital or University Hospital.

According to Dr. Lindeman, the various nursing units at both hospitals were generally enthusiastic about having a School of Nursing faculty member on their ward one day a week.

Those involved in the new program speak highly of it. Kay Eidal, instructor in pediatric nursing, explained that her area of specialization in classroom teaching involves the care of critically ill children.

As a participant in the School's clinical practice program, she spends one day a week on the pediatric intensive care unit of University Hospital.

"Intensive care is the kind of thing you really need to stay involved in," Ms. Eidal observed. "You must be able to be highly organized in an acute situation, and you lose this ability if you're not continually involved in actual practice."

"If I didn't have an opportunity to practice, it would be impossible for me to keep up my skills. I wouldn't feel comfortable managing acutely ill patients."

Karen Mischke, chairperson of the School's community health nursing department, is involved in clinical practice at the Crippled Children's Division, in addition to teaching classes in epidemiology and community health nursing theory.

"It requires a lot of time to do everything; you have to be committed. But I appreciate being given the time to improve my skills," said Ms. Mischke. "Plus, it's exciting to be where the action is."

"CCD is a fascinating place. You're working with people in a lot of different disciplines, and you have to perform at a high level. You're in contact with the newest techniques. It's a great opportunity to learn."

Linda Lutz, chairperson of maternity nursing, teaches prepared childbirth classes in the community and conducts contraceptive classes for patients in University Hospital's abortion clinic, in addition to her teaching duties.

She describes the School of Nursing's new clinical practice program as "marvelous," adding, "To teach something, you must be able to do it."

"Teaching can be sterile and idealistic. If you can stay in contact with patients, you can remain realistic about what is possible. It lets you pick up the best of both worlds."

"It's much easier for a student to understand a point you're trying to make in class if you can point to specific examples from clinical practice."

Ms. Lutz continued, "As you get involved with patients, you begin to ask the kinds of questions—relating to direct practice—that can lead to research. Why is a technique done a certain way? You begin to think critically, to use a scientific approach. This can lead to research to improve the technique."

Dr. Lindeman explained that while research and clinical practice are to figure equally in the School's new program, the research aspect will be more difficult to achieve.

Not only do faculty need more instruction in how to conduct research, but also the School needs to set up mechanisms to secure funding for research projects, said the dean.

Dr. Lindeman, herself a nationally recognized researcher in nursing, has already conducted one faculty refresher course on the conduct of research. One faculty member, Darlene McKenzie, instructor in community health nursing, who attended the workshop, is now well into her first research study.

Ms. McKenzie's project involves developing a comprehensive worksheet which ward nurses will use to predict and plan for the kinds of needs (financial, rehabilitative, social, etc.) which patients will face after discharge.

"If, in the future, staff nurses use this worksheet as part of basic nursing care, their patients' needs will have been prepared for by the time of discharge," said Ms. McKenzie.

She believes her project will contribute not only to better patient care, but also to her own abilities as a teacher. "I will be teaching students to use this same kind of comprehensive approach when assessing the needs of patients in the hospital and clients in the community."

Dr. Lindeman explained that the School of Nursing will also assist University Hospital's staff nurses who have special research interests. Getting these nurses together with nursing faculty who share similar interests is one of the dean's goals for next year.

According to Dr. Lindeman, this year's clinical practice and research program "is only the beginning. It will be a while before we know how successful we are or what the problems are. But we are committed to making progress."

Retirements

Grace Mumm

Grace Mumm has seen a lot of changes in the HSC radiology department since she began working there as a radiology transcriptionist in 1954.

Not only has she seen 140 radiology residents come and go during the last 23 years, but she has also watched the department spread from its third-floor quarters in the OPC until it now covers the entire eleventh floor of UHS as well.

About 10 years ago, she was named supervisor of radiology transcription. She and her four-member staff are responsible for listening to dictaphone tapes that residents make while examining X rays, and then transcribing this information into medical records.

"I've trained a lot of transcriptionists over the years," Mrs. Mumm said. "Some people thoroughly enjoy the work, and some just can't get it all together: understanding the doctors' voices and sitting typing for eight hours a day. It takes a special kind of person."

Mrs. Mumm's official retirement was in September, but she says she will continue to work until a replacement can be found.

According to Department Chairman Dr. Charles Dotter, it will be difficult to fill her shoes. "For 23 years, she has given the patients and radiologists of the Center superior, unselfish service as supervisor of X-ray report transcription. We can't replace her—not ever."

Mrs. Mumm anticipates a relaxing retirement with more time to spend with her son and daughter and grandchildren. "We're very family oriented," she commented.

When her husband retires next year, the two will travel throughout the U.S. Mrs. Mumm has never been east of Iowa.

In October, co-workers held a special retirement party for her on campus.

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