



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.

Health Sciences Center third anniversary report

Report from the president of the University

On November 22, 1977, the University of Oregon Health Sciences Center entered its fourth year as a single, consolidated, and freestanding university under the Oregon State System of Higher Education. This special issue of the Health Sciences Center News is devoted to progress reports and projections for the future prepared by members of our executive staff and Mr. Rudie Wilhelm, Jr., Chairman of the UOHSC Advisory Council.

The most rewarding experience for me during the past 6 months, while serving as the acting president, has been the opportunity to work with the members of the Advisory Council, Executive Staff Council and others in administrative positions in our university. I believe we are extremely fortunate to have such talented and dedicated people to complement the outstanding faculty and students of our institution.

The University's Advisory Council, made up of twelve prominent Oregonians who are appointed by the State Board of Higher Education, was formed in 1975 "to act in an advisory capacity to help foster excellence in the teaching, research, patient care and related public service activities of the University." Formation of the Council was approved by the Board of Higher Education which at the same time authorized it to act on the Board's behalf in certain areas of hospital surveillance. The Advisory Council also acts as the Board for the University of Oregon Health Sciences Center Foundation (see page 7).

Council membership includes:

Rudie Wilhelm, Jr., present chairman, who is vice president and secretary, Rudie Wilhelm Warehouse Co. and president of Wilhelm Properties Co., Portland. Mr. Wilhelm is a graduate of Reed College, a past president of the Reed Alumni Association and a trustee of the College and served for a number of years in the Oregon State Legislature as a member of both the House and Senate. He was Speaker of the House between 1953 and 1955. Mr. Wilhelm is a former president of the Portland Chamber of Commerce and the Portland City Club and holds positions on a number of civic, cultural and corporate boards.

Vice chairman of the Advisory Council is Robert Roth, president and chief executive officer of Jantzen Inc. A Stanford graduate, Mr. Roth is a trustee of Lewis and Clark College, and has served as a member of the board of the Portland Better Business Bureau and Associated Oregon Industries and on the executive committee of the Boy Scouts of America. He holds directorships in a number of major corporations.

Founding chairman of the Advisory Council Ira C. Keller is chairman of the board of Western Sales Co. Mr. Keller served as chairman of the Portland Development Commission, president of the Oregon

Graduate Center and chairman of the Foundation of Oregon Research and Education as well as a member of the board of the Western Forestry Center.

Other members of the Council include:

Dr. Joseph C. Blumel, president of Portland State University, an economist, has served on the regional advisory committee for the 13th national bank region and on the advisory committee to Oregon's Educational Coordinating Commission.

Hazel G. Hays, regional manager, Multnomah Regional Office for Adult and Family Services, State of Oregon, has served as a member of the board of the National Association for the Advancement of Colored People, the Northwest Regional Educational Library, the Portland Chamber of Commerce and the Tri-County Governmental Commission. She also has been a consultant to the Portland Development Commission and the Office of Education, DHEW.

Edith Green, education consultant and former Congresswoman from Oregon's third congressional district, has been frequently honored for her active support of higher education. Currently, Mrs. Green serves as a member of the Board of Trustees of Linfield College and on boards of major corporations. She is a member of the National News Council and the board of the Council for Advancement and Support of Education.

Leland Johnson, president of the First National Bank of Oregon, has been a director of Blue Cross of Oregon, the Portland Chamber of Commerce, the Herbert Templeton Foundation, the Oregon Independent Colleges Foundation, Associated Oregon Industries, Oregon Community Foundation and St. Vincent Hospital and Medical Center. He is a trustee of Pacific University and the St. Vincent Medical Foundation.

Roger Meier, president of the AMCO, Inc., and chairman of the Oregon Investment Council has been chairman of the board of trustees of the Portland Art Association, a member of the board of the Public Employees' Retirement System, a member of the investment committee of the Oregon Symphony Society and a trustee of the Oregon Historical Society.

Robert C. Notson, retired publisher, The Oregonian, has served as president of the American Society of Newspaper Editors and as a member of the board of Associated Press Managing Editors as well as the board of trustees of Willamette University, the board of the Salvation Army, Community Chest, United Fund and the travel division of the State Highway Commission. Mr. Notson was honored by Columbia University Graduate School of Journalism as one of 50 distinguished graduates and received an honorary degree from Willamette University.



RICHARD T. JONES, M.D., Ph.D.
acting president, UOHSC

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Response to legislative action takes high priority

New policies, staff changes, legislative activities, systems and procedures development highlight administrative fiscal programs.

Since November, 1976, administrative and financial activities of this University have covered a variety of functions and virtually no area of administrative activity has been untouched.

Dominating the scene over the past year was the 1977 legislative session. Action included the enactment of new legislation extending the scope and definition of tort liability coverage for medical malpractice in such a way as to eliminate ambiguities in the 1975 law which had necessitated the purchase of supplemental insurance.

Budgetary actions by the Legislature included substantial modification to the Governor's recommended budget. Nearly \$400,000 per year of general fund support was cut from the School of Medicine's budget for the support of residents and interns. The obligation for this cost was transferred to the University Hospital's budget where it is hoped that a portion of the expense can be recovered from charges to third parties and patients. General fund support totaling \$340,000 per year for the School of Medicine was replaced by income requirements from faculty professional fees. This is the first time that faculty professional fees have been an income requirement of the educational and general programs of the School of Medicine. We are very concerned with the precedent-setting nature of this action.

Workload increases and program improvements which the Governor's budget had recommended at nearly \$500,000 per year for the School of Medicine were cut to approximately \$150,000. These actions, coupled with the uncertainties of federal "capitation" funding, have caused special concern about the viability of the School of Medicine's budget in a period when no fat is visible in its programs. The School continues to stand within the bottom quarter of Association of American Medical Colleges in unfavorable student/teacher ratio. This circumstance makes it difficult to find extraneous faculty positions and therefore to bring the budget into balance.



ROBERT A. PETERSON
vice president for administration
and finance

Assurances given the federal government for the construction of the new wing of University Hospital and for the Basic Science Building require that enrollment be held at 103 per class until fall of 1980. This further limits the flexibility of the institution to reduce program size to make resources match workload.

Other legislative action, including sizable increases in indirect cost recovery expectations in a period of declining federal grant and contract activity have added to the severity of School of Medicine, as well as University-wide, budgetary problems.

Lest the reader believe this report to be all bad news, I am pleased to report that the Health Sciences Center hired a new budget

director. Myron Roberts, who had been acting vice president of Lewis-Clark State College in Idaho, and who is a CPA, reported in late 1976. Additional strength has been added to the fiscal management of each school through the filling of positions within each dean's office to act as assistants to the deans for fiscal and business affairs. The first of three appointed to these positions was Jill Neff who came from Rhode Island in November, 1976, to fill the position of assistant to the dean for business affairs in the School of Medicine. In early 1977, Ken Rediker was hired for a similar position in the School of Dentistry. The trio of positions was completed with the hiring of Craig VanBlokland, formerly with the University Hospital, as the assistant to the dean in the School of Nursing. The addition of these three individuals, each with strong qualifications and talents, greatly adds to the sound fiscal management of each of the three schools.

High among the duties of these three individuals is the enforcement of newly defined UOHSC fiscal policy promulgated in December of 1976. The new policy identifies a Principal Responsible Party for each budgeted account, including grants, contracts, state accounts, gift accounts, and revenue accounts, who is responsible for the management of that budget entity. The assistants to the deans and other fiscal staff work closely with the "PRP's" to assure sound fiscal management of each account. Business transactions are not processed unless the PRP, or his or her designee, authorizes them.

A number of other staff changes have occurred since the institution's second birthday in 1976. Lloyd Peterson, formerly vice president of Chemeketa Community College, has been appointed associate business manager assuming responsibilities previously handled by Ron Parelius. Mr. Parelius, who is a member of the Oregon Bar,

has assumed expanded responsibilities as business manager and assistant vice president for business services. In this capacity he serves as an in-house legal advisor to University-wide administration as well as looking after all aspects of business office management. In August a new director of the security department was appointed. Jim Taylor, who previously served as an area supervisor for the Oregon Liquor Control Commission, was appointed to the post. At the same time the security and parking departments were merged under Mr. Taylor's direction.

A number of administrative persons have been appointed to positions of national or regional prominence. Ann Hoffstetter has been appointed to the Board of Directors of the Western Region of the National Association of College Auxiliary Services. Ron Parelius has been named chairman-elect of the Association of American Medical Colleges Group on Business Affairs and will serve as the Western Region president in 1979.

Another area of activity during the last year has been in systems and procedures development. Based on a report by Arthur Young & Co. which was commissioned by the UOHSC Advisory Council and completed in the spring, there has been much activity in upgrading the procedures and systems of our personnel, payroll, purchasing, accounts payable, inventory, receiving, and accounting units. The systems development recommendations included in the report have been scheduled for implementation on a phased basis. The personnel/payroll phase has been completed and the project team headed by Monte Mullen and with the close overview and active participation of the internal auditor, Milt Talbert, is now engaged in the purchasing/accounts payable/inventory portion of the process.

(continued on page 3)

Clear mission developed for School of Nursing

*Response to community needs
important part of School
of Nursing plans,
objectives.*

The students, faculty and administration of the School of Nursing are pleased to join in the celebration of Founder's Day commemorating the creation of the Health Sciences Center. We endorse the concept of an academic health sciences center and its appropriateness for Oregon. Through this type of organization all units can exist at parity—a situation vital to the continuing development of the School of Nursing and to its ability to respond to the health care needs of the citizens of this state.

This last year was a very busy one within the School of Nursing. In addition to providing quality education to our student body of 513 undergraduate students, 111 graduate students, 32 special students, and continuing education students, the following objectives were pursued during the year:

- 1) To establish a quality undergraduate nursing program at Eastern Oregon State College and thereby influence the distribution of nursing personnel and services.
- 2) To develop and implement a planned educational program for RN students in designated areas of the state which will include opportunities for both academic credit and non-credit courses.
- 3) To develop and implement an analytical process to use for generating a budget at the departmental level.
- 4) To define the term, determine criteria and implement a procedure for appointing adjunct faculty to departments.
- 5) To prepare and submit a comprehensive self-evaluation report to the National League for Nursing.

6) To develop an explicit phased master plan for graduate education to insure maximum use of resources and adequate response to state needs.

7) To finalize decisions regarding the organization of the School of Nursing including a) line and staff relationships within the School, b) relationships with other schools and central administration, c) authority, responsibility and accountability of people within the structure, and d) the nature of the clinical departments, e) a plan for implementation by July 1, 1978.

8) To generate a plan for nursing education for the state from data showing nursing care needs and resources.

9) To develop a ten-year plan for the School of Nursing.

Although we were overly ambitious, most of the objectives were accomplished and others even added as the year progressed. Difficult decisions were made regarding the number of students admitted to the undergraduate program and capitation monies. The academic year ended with the feeling of having developed a clear mission for the School, a mandate from the people for the proposed changes, and a sense of accountability to the taxpayers of this state.

At this time it is appropriate to shift focus and attend to specific internal concerns. The following objectives are currently guiding our activities:

- 1) To improve the quality of the academic programs based upon a systematic appraisal of the current curriculum.
- 2) To pursue concerns for affirmative action by:
 - a) Including valid cultural content in the curriculum.
 - b) Enriching the student mix by increasing the number of ethnic minorities and males in the student body.



CAROL LINDEMAN, Ph.D.
dean, School of Nursing

c) Enriching the curriculum by increasing the number of ethnic minorities and males on the faculty and staff.

3) To improve the image of nursing and women on campus.

4) To establish a closer relationship with nursing service at the University Hospitals and Clinics.

5) To develop a budget for the 1979-81 biennium which accurately reflects the requirements of the School.

The faculty, students and administration of the School of Nursing have worked hard and accomplished much. We thank those many, many people from across the state who have helped and supported our efforts.

CAROL LINDEMAN, Ph.D.
DEAN, SCHOOL OF NURSING

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physical handicap.

New systems established, long range electronic data processing plan presented

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The development of documented systems and procedures for personnel/payroll transactions has produced the first formalized Operations Manuals and Desk Manuals for University-wide administrative functions. It is our hope that over a period of time other aspects of administrative and business functions can be documented in these manuals in order to provide a ready reference for users and an orderly training medium for new business office personnel.

Among the most major areas of systems and procedures weakness was the control and management of supplies inventory in University Hospital. An initial proposal was presented to the legislative session in June which was not acted upon but which is being modified and will be presented to the Emergency Board in early 1978. Even without the considerations which the Emergency Board must ratify, we have been able to substantially reduce Hospital inventories, establish checks and balances in the purchasing procedures to guard against acquisitions of materials that are in ready supply, eliminate obsolete and unusable inventories, begin a product review process to assure quality control and begin to compile a catalog of inventories.

Electronic data processing plans include acquisition of a new computer, remodeled space in Campus Services Building.

Major activities occurred in electronic data processing. In December, 1976, the institution's 1977-83 Electronic Data Processing Plan was submitted to the Board of Higher Education's staff and in November, 1977, the Joint Legislative Committee on Data Processing met at the Health Sciences Center to hear a summary overview of our plan. In September, 1977, a Request for Proposals for the replacement of the existing NCR 201 computer was issued by the State Executive Department subject to some modifications in the long-range plan as originally developed by the Health Sciences Center. It is our hope and expectation that a new computer replacing the NCR 201 will be on board and functioning not later than October, 1978.

In the meantime, a major remodeling effort on the fifth floor of the Campus Services Building will be undertaken to provide a new home for the computer in what had been a Tuberculosis Hospital surgical suite. A request for remodeling of the Campus Services Building was originally proposed by the Health Sciences Center in the 1977-79 biennial budget but did not survive the review process for legislative consideration. The long-range plan called for leasing of off-campus space until on-campus facilities could be developed, but with the cooperation of the Executive Department and Board of Higher Education staff, it became possible to reconsider an on-campus site and we are pleased that the Campus Services Building project has been well received at all levels of State government.

In December, 1976, the NCR 201 data processing center was formally transferred to University Hospital jurisdiction. Ron Schumacher, director of hospital information systems, is responsible for this activity. Academic and general administrative computing is under the direction of Walt Petersen and at the urging of the Executive Department, we are presently recruiting to fill a position of assistant vice president for data processing to coordinate all EDP management. It is our expectation that with the appointment of a full-time data processing manager, the acquisition of new modern computer hardware, and the development of suitable permanent facilities for the data processing center, the new applications which are envisioned in the long-range plan can be implemented with minimum problems.

The Hospital's billing system, which was hastily implemented after being imported from North Carolina Memorial Hospital, will in all likelihood be replaced by a more efficient and sophisticated system once the new computer is selected. This will be the most major applications/systems improvement that will follow the acquisition of the new hardware.

In the area of construction, a major capital project was begun in December for the remodeling of the University Hospital Dietary Service. This project, totaling over \$1,000,000, was authorized by the Emergency Board rather than be deferred for legislative consideration. The project is proceeding ahead of schedule and once completed will result in major operational cost savings in the Hospital food service as well as an upgrade in food quality for patients, visitors, and employees.

During the year the University's new heating plant on the south campus was completed. While this is only Phase I of a three-phase utility/heating improvement project, it is a major improvement in the physical plant systems of the University. The bringing on line of the new heating plant enables us to eliminate our dependence on the antiquated heating plant in University Hospital North which was powered by old Naval boilers which were surplus even when Multnomah Hospital was built over 50 years ago.

During the course of the last year, Gene Bauer, associate dean for administration at the School of Dentistry, has assumed part-time responsibility for University-wide staff/employee development. Among the most successful programs of this initial effort was an "A-B-C" (Admitting, Business, and Collections) conference held for hospital employees from the Pacific Northwest under University sponsorship. Stanley Levin of Chicago presented the conference which was substantially oversubscribed and described by those who participated as an enormously successful experience. We hope that this will be among the first of a number of such conferences which attract regional and national attention under our sponsorship.

Long-time director of the Student Activities

Building, Bud Dockery, retired in August after nearly 17 years of service to the institution. While no one is able to completely take Bud's place, Ben Jensen, who was formerly associated with YMCA programs in Washington and Oregon, was appointed as the new director. Ben's experience in youth activities and recreation make him particularly well suited for this post. During the course of the last year considerable strength has been added to the Student Activities program through the restructuring of the Student Activities Building advisory committee. This committee, which had previously consisted largely of faculty and administrative personnel, now consists primarily of students representing each of the three schools selected by the All-Hill Student Council. During much of the past year, four of the six student positions on the committee were occupied by women. This is a refreshing change from the "males only" orientation which the Student Activities programs had in prior years.

Health Sciences Center Foundation's University-wide orientation strengthened, Board reorganized.

Finally, significant changes have occurred in the administration of the Health Sciences Center Foundation. During 1977, the structure of the Board of Directors of the Foundation was reorganized to make the Health Sciences Center Advisory Council the Board of Directors of the Foundation. The Advisory Council is now able to meet in either capacity. The Budget/Finance/Hospital Affairs Committee of the Advisory Council acts as the Executive Committee of the Board of the Foundation. Harold Sand, executive vice president of Georgia-Pacific Corporation, serves as the president of the Foundation Board while Mr. Rudie Wilhelm presides over the group in its capacity as the HSC Advisory Council. In the fall of 1977 the Oregon Foundation for Dental Research and Development (OFDRD) adopted a dissolution plan which effectively merged the OFDRD into the Health Sciences Center Foundation. Approximately \$90,000 in assets of the OFDRD have been accepted by the Health Sciences Center Foundation adding greatly to the University-wide orientation of the HSC Foundation. Appropriate restrictions on OFDRD monies will preserve their intended use for School of Dentistry activities.

These comments are by no means all inclusive of the activities of the office of Administration and Finance since November, 1976. They do, however, tend to point up some of the major problems and achievements over the last year and I believe constitute an on-going base for additional challenge in the upcoming year.

ROBERT A. PETERSON,
VICE PRESIDENT FOR ADMINISTRATION
AND FINANCE



Medicine goals answer, 'where do we go from here?'

Impressive record of achievement noted as School of Medicine looks toward one hundredth birthday, develops new goals, objectives.

The School of Medicine is now approximately one hundred years old. The exact date of its founding cannot be specified with precision because its parents apparently fell in and out of courtship, were not scrupulous in keeping records and there is no available birth certificate indicating a specific time of parturition. Of course in contemporary times a bar sinister on our escutcheon is not noteworthy and we need not be diffident about our obscure origin. Graduates of the School, physicians and others trained in its programs and faculty

have generated an impressive record of achievement over the course of those years since the School began. The history of the institution which Dean Emeritus Charles Holman is preparing can hardly record the minute-to-minute, day-to-day, year-to-year, large and small triumphs in medical practice, in research and in service to the community which more than 5,000 graduates and probably a like number of faculty and former residents have compiled.

Last year, on this occasion, I cited what I then regarded as a remarkable inventory of kudos, offices and honors held by current members of the faculty. While doing so, I had the usual discomfort and misgivings of pathologists who are as concerned about what the biopsy doesn't show as by what it does. This year a similar listing could be presented but again the small sample would

represent but a brief instant replay from hundreds of hours of hundreds of productive lives.

The institutional annual report is a tradition and has a place in the archives of any organization. Our own time seems impatient with history and the common place tag line of a trite story is "... yes, but what have you done for me recently?" The malady of selective recall and forgetting is a familiar one to the physician. Observers of the School, its friendly critics, those on whom it depends for continued support as well as its own present family of students, staff and faculty now are more interested in: "Where do we go from here?"—"What do you intend to do for me now?" Whatever disjunction we feel among ourselves and the School vis a vis its external observers and clientele or as is fashionable now, the consumer of its output is due not to

failure to appreciate past accomplishments but rather discordance in future expectations.

The popular rhetoric is a clamor for evaluation, accountability and the elimination of wasteful duplication. The pace of argument rarely permits time for rigor in definition of these terms. However, stated as briefly as I can, evaluation is what occurs at the beginning of an endeavor when one decides that the activity is worth undertaking, i.e. that it is worth (valuable enough) to expend resources in an effort to achieve the desired end. Accountability occurs at the end when those responsible for the expenditure of resources report upon whether or not whatever was judged prospectively to be worthy of doing was actually accomplished. Were the valued ends (goals or objectives) achieved? If not, why not?

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Societal expectations examined as School of Medicine defines future intentions

(continued from preceding page)

An organizational orientation and perspective which looks to past achievements at the expense of predominately trying to answer the question "what do you expect to do for me next?" is hardly calculated to illicit enthusiastic support for its future. This is not to discount the value of an individual or institutional track record in developing a prognosis for future accomplishments but only to emphasize the need for a new response to those who ask if we intend merely to continue to do the same old things well.

Critics of medicine, of medical education and of health care challenge our basic premises regarding our proper roles in society. It seems to me that the principal problem facing the School of Medicine at the current time is definition of future intentions which are solidly based on a rigorous reexamination of society's present day expectation of its institutions.

Clearly there are those around us who expect of the School of Medicine accomplishments which it clearly has not the power to achieve. Among these are to "rationalize" the geographic and specialty distribution of physicians within the State; to provide health care in remote regions; to reduce the cost of health care; to educate an unlimited number of young men and women and to generally right the wrongs and fill in the deficits of an imperfect health care and educational system.

There has recently been developed a broad mission statement for the Health Sciences Center. Within this frame of reference each of the academic programs is developing a subset of mission and goals statements. Often such statements are common place and are viewed as just "for the record." However, in our present circumstances I believe that this is not the case. If we are to reduce the distance both internal and external between the perceived laissez-faire course of the institution and the views of those who would direct it in one course or another, the only means of accomplishing this is likely to be the adoption of a reasonably explicit statement of mission and goals. We will not be able to expect unanimity in the adoption of such a statement; in its overarching form, it will be diffuse and global. Progressively narrower subsets of goal and objective statements at each level of the organization are required in order to give consensus direction to what is otherwise a kind of uncoordinated ameboid motion, senselessly responding to minor stimuli, alarms and diversions.

A draft of the mission and goal statement for the School of Medicine follows:

Education

Undergraduate (M.D. and Baccalaureate programs)

To provide Oregon residents access to a M.D. degree awarding program of quality and in number consistent with career opportunities, the needs of the State and the resources available.

To provide students access to medical technology education programs and other allied health programs which in the judgment of the administration and faculty are optimally taught under the aegis of the School of Medicine because of the availability of faculty and special other educational resources.

To seek to improve the effectiveness, efficiency and quality of the educational processes of the School in order that the best possible use may be made of limited resources.

Graduate (leading to the award of M.S. and Ph.D. degrees)

To provide educational programs leading to the M.S. and the Ph.D. degrees in sciences basic to medicine and in health care systems management consistent with career opportunities open to the students, and the available resources.

Post-graduate (training programs for holders of M.D. and Ph.D. degrees)

To provide program management for medical residency training programs of from two to five years' duration in a variety of specialties. In the selection of area of training the following factors will be taken



ROBERT STONE, M.D.
vice president and dean, School
of Medicine

into consideration:

Local, regional and national needs as reflected by analytical studies which consider demographic factors, socio-economic trends and technological advances.

Legal constraints.

The availability of resources.

Special circumstances and opportunities in this School.

The needs of particular population subgroups within the State of Oregon. Lacking a method for the direct control of the geographic and specialty distribution of physicians within the State according to any central plan, the School of Medicine will seek by indirect means to attain rational distributions which will best serve the needs of the people of the State. Continued attention will be given to the best available studies which indicate those methods of indirect influence and control which are most likely to be effective.

To provide a limited number of medical specialty post-residency fellowship programs of study for physicians and other medical scientists who have completed residency programs and who might benefit from particular opportunities available here.

Continuing Medical Education (for practicing professionals)

To provide the programs of continuing education for physicians and health professionals of the region which are judged most likely to assist the practitioner in offering to patients the most effective and efficient health care which can be achieved.

Research

To maintain programs of research in medicine and in the physical and social sciences as they relate to the practice of medicine and the provision of health care. The research programs will be those which contribute in some fashion to the basic educational missions of the School. The fundamental justification of all research programs will be the maintenance and enhancement of human health.

Health Care

The staff, students and faculty of the School of Medicine will provide health care to other human beings primarily as such health care serves a purpose of the basic educational mission of the School. However, humane considerations of people in need will take precedence over all others. Staff, students and faculty will attempt to provide health care in a fashion which sets an example for all practitioners of the best that is feasible in comprehensive, humane health care. Except for those instances and occasions when health care is clearly needed and not available elsewhere, care will not be provided below actual cost except insofar as directly supportive of an educational program of the School.

Public Service

Staff, students and faculty of the School of Medicine will take special note of an obligation to make available to the general public of the State their knowledge and skills in ways which are complementary to the public needs in health care, in health education and in research related to human health.

In the accomplishment of its fundamental missions the School of Medicine will serve certain subsidiary missions some of which directly support the primary mission but others which address goals that are only indirectly related.

Cooperative Arrangements

To participate in the education of the various health professionals served by the Health Sciences Center with the goal that the health care of human beings be the most compassionate, the most effective and at the lowest cost which is practical. In the utilization of resources, all efforts will be made to be as efficient as possible through collaborative and cooperative arrangements.

To take the lead in exploring with other educational institutions, public and social service institutions, and private enterprises ways in which total community resources can be utilized most effectively and efficiently.

To seek whatever collaborative and cooperative arrangements with other institutions are likely to strengthen the main missions of the School of Medicine while also contributing to the attainment of the missions of those other institutions.

Management

To employ effective managerial methods in the administration of all programs and activities under the aegis of the School of Medicine.

To seek to optimize the use of resources and to minimize waste.

To accommodate to the personal needs of staff, students and faculty of the School to the extent that each of them may individually prosper while contributing maximally to the health of the organization.

Evaluation

To monitor continuously the needs of the State of Oregon for personnel and other resources to serve the health care needs of the people of the State. The School of Medicine will maintain a continuing analysis of such factors as the following:

The projected future size and composition of Oregon's population and changing patterns of health care.

The character of personnel usage in the health care field together with analysis of the implication of such changes for the nature of preparative programs and the number of health service personnel of various categories needed to meet Oregon's needs.

The extent and nature of the in-migration into Oregon and the out-migration of health care personnel such as might effect the total health care needs of the State.

The number and kinds of career opportunities available in health care occupations to residents of Oregon on a local, regional and national basis.

To utilize mechanisms for the judgment of quality, effectiveness and efficiency of educational programs both prospectively and retrospectively.

To utilize a system of review and evaluation of research programs and proposals with regard to relevance to the basic mission of the School and the anticipated cost benefit ratio in the utilization of resources.

To maintain the fiscal integrity of the School of Medicine such that resources are always used in a judicious fashion and that the fiscal soundness of the institution is always maintained.

To assure that School of Medicine health care activities are congruent with and consistent with the basic mission statements of the School.

I hope that during the next several months, some consensus will be gained on some mission and goal statement and that this will serve as a frame of reference particularly for

external discussion but also for internal guidance. The development of analogous statements more appropriate to individual departments and subunits will also be needed.

The forum for the development of a consensus is unfortunately diffuse. The most active unit for discussion necessarily is that of the academic department and the Faculty Council. Implementation will be largely through customary administrative and managerial means but can hardly be accomplished without the existence of a broad consensus and wide understanding of where we are trying to go.

ROBERT STONE, M.D.
VICE PRESIDENT AND
DEAN, SCHOOL OF MEDICINE



New programs implemented in University Hospital

Accomplishments of past years, tight fiscal controls, set stage for implementation of new programs.

Where are we going? How will we get there? These are the essential questions for planning change. They are not equally easy to address.

There probably is general agreement about the service goals of the Hospital: high quality, effective, efficient, providing expected amenities, and respecting the privacy and dignity of patients and their families.



DONALD G. KASSEBAUM, M.D.
vice president for hospital affairs

Meeting the educational goals of the Hospital derives from achieving the service goals, and thereby attracting patients for care in our system.

The process of getting them there is less definite, and less consensus-directed. It tends to be rather more opportunistic and the product of personal advocacy and selection of the most effective strategies to fit the timing and the receptivity of governing and financing authorities.

It is expected that strategies be developed to influence external forces. Internal consensus-shaping for the purpose of planning is a little less popular, and certainly more likely to test relationships within the institution.

During most of the last two years, the Hospital has concentrated on issues of operational and fiscal management. We have developed many new systems, procedures and behaviors. If the results are the measure of success, we have accomplished a great deal—

Consolidating two hospitals, reducing duplication of services and systems, and decreasing expenses.

Reducing delays in service and care of patients (e.g. shortening outpatient registration times, staggering clinic appointments, cutting inpatient admitting waits, and reducing emergency services delays by effective triage and enhanced staff supervision).

Providing more comprehensive diagnostic services (e.g. ultrasound, computerized tomography, and automated chemistries). Improving accounting/billing/collecting, including itemizing of the majority of costs and charges.

Developing a system of financial management and management information reporting.

Turning a projected major operating deficit into a year-end budget balance.

Although it is slow and difficult rising out of the circumstances of tight fiscal control to head off a deficit, we have the resources and the plans to do so. The Legislature approved an adequate budget for the Hospital in 1977-79, at least in part out of trust in the management and fiscal control which we had achieved. Some of the new programs under implementation are—

Upgrading inpatient nurse staffing to meet standards of nursing hours/patient day for the routine and special care units.

Reducing or eliminating the non-nursing duties which hospital nurses have had to do by developing an intravenous/parenteral admixture program and staff, by assigning housekeeping and respiratory care duties to appropriate caretakers, and by hiring evening as well as

daytime ward clerks.

Developing an outpatient nurse practitioner program to increase provider resources caring for patients.

Undertaking hospital/clinic renovations substantially greater than that of prior years, including finishing hemodialysis unit remodeling, expanding pediatric isolation units, expanding pediatric intensive care and creating an isolation unit, psychiatry ward renovation, outpatient clinic remodeling, improving X-ray filing/retrieval/display, and developing a radiology special procedures room.

Establishing an orderly schedule of equipment replacement and new equipment acquisitions, having obtained over \$2.0 million for this purpose in 1977-79.

Augmenting the operating room services, developing team nursing, improving recruiting/training/specialization, and starting systematic renovation/painting of the surgical suites.

Getting State agreement to proceed with data processing improvements, including a clinical laboratory mini-computer to facilitate information transfer and the reporting of test results.

Ironically, some of our fiscal successes of last year have created problems which we have to solve this year. Nurse recruitment that had to await a new budget in July 1977 was too late to compensate for the annual turnover on some hospital and surgical services, and we are only now re-opening some special care units and operating rooms.

We have also been hoisted on the petard of our own success in reducing hospital length-of-stay, which has, in turn, cut back the hospital occupancy rate, and reduced our patient fee revenues.

On the other hand, we are taking advantage of some of these events to shift attention more toward developing and improving the Hospital's ambulatory care programs. Plans are being laid to develop a series of "model practice clinics," mixing private patients of the faculty with those referred to the clinics, in a common setting for greater service and educational advantage. Preliminary discussions are underway examining the feasibility of interdisciplinary primary care resident/nurse practitioner training as a way to provide more patient care manpower for both the institution and the community. And our emergency care programs are developing at a rapid pace, as we have started an advanced paramedic training program, and emergency radiocommunication system, and have improved our poison control center, integrating it with the Oregon State University drug information service.

Recently, representatives of the clinical departments met together with Hospital administration to formulate a capital development plan. It was agreed that the highest priority should be given to adding a 3-5 floor addition to the C-wing of University Hospital South, to accommodate a much needed perinatal center and to make it possible to consolidate radiological services. A series of outpatient clinic, clinical laboratory and pharmacy remodeling projects also was agreed upon.

These program and facilities planning activities test the partnership between the Hospital and the schools it seeks to serve, as these units of the University work in league with each other, trusting that initiatives can be taken in turn by one or the other which brings us all closer to our common goals.

Distributing the Hospital's resources to enable development of a wide variety of programs is no bed of roses, as there is strong competition for financial support. On the other hand, it isn't all wormwood and gall either. Hospital administration finds it exciting to identify program opportunities and bring together funding resources with the primary care interests of the School of Medicine; and to work toward interdisciplinary teaching with the School of Nursing; and to finally carve out a proper hospital dental service for the School of Dentistry. We think that this is what the Health Sciences Center is all about.

DONALD G. KASSEBAUM, M.D.
VICE PRESIDENT FOR HOSPITAL AFFAIRS

Local health care resource use expanded by CCD

Solidly based community partnerships bring broad benefits to handicapped children, health care professionals and UOHSC.

I am pleased for this opportunity to relate some of the activities and accomplishments of the Crippled Children's Division that have occurred during this past year. Like previous years, this last one has been full of exciting and challenging programs so only particular highlights can be cited.

Though started in 1976, it was only during this past year that our clinical program in Pendleton has become a solidly based activity, thanks to the efforts of Dr. David Macfarlane, Ruth Spoerli, MSW, and Pendleton pediatrician Dr. Donald Guenther. This community-based activity is another step in the Crippled Children's Division's efforts to improve the care and management of handicapped children by encouraging the use of local health care resources and

providing training and consultation to these physicians, public health personnel and other local health personnel. The basic formula for these programs is to mix a group of interested local physicians, nurses, psychologists, educators, etc., with some of the staff from the Health Sciences Center and to have them work out a plan to meet the problems presented by the multi-handicapped child (e.g., the child with cerebral palsy or myelomeningocele). These clinics thereby provide a setting in which: 1) children can be seen for evaluation closer to their home; 2) management plans are formulated that are more realistic with regard to the resources of the community; 3) the local health professionals sharpen their skills in dealing with handicapped children; and, 4) we learn more about the community and its needs. This kind of partnership, I believe, has been of great mutual benefit as attested to by the growth of these programs in Eugene, Medford, Corvallis, and now Pendleton.

The hemophilia program of the Crippled

Children's Division has also expanded its community orientation greatly this past year. Last December our program was named one of the 17 hemophilia centers in the country with responsibilities covering the states of Federal Region X, Alaska, Idaho, Oregon and Washington.

Dr. Everett Lovrien, the director of the hemophilia center, has developed an exemplary program in which more than 60 per cent of our patients are in home treatment programs. This has resulted in much greater mobility of these individuals and minimal absenteeism from school. As a hemophilia center, we have a greatly expanded duty for consultation regarding management of individuals of all ages with bleeding disorders and for training of professional groups in all parts of the Northwest. Also, as a center, we now have personnel that allow us to provide ancillary counseling and therapy services to our hemophilia patients throughout Oregon.

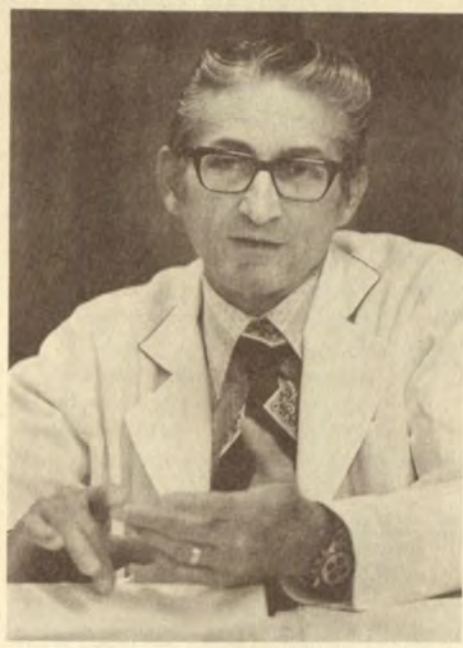
Another activity that has been made much

(continued on page 8)



VICTOR MENASHE, M.D.
director, Crippled Children's Division

School of Dentistry sees growing University-wide involvement



LOUIS TERKLA, D.M.D.
dean, School of Dentistry

All avenues of exploration of broadened interdisciplinary cooperation encouraged as School of Dentistry notes significant accomplishments.

After three years of experience within a consolidated University for the health sciences, the School of Dentistry has noticed a growing involvement of its faculty, students and supporting staff in interdisciplinary activities. It is hoped that this emergence of interdependence and cooperation among the various functional units of the University is a forerunner of a faster rate of development in the future.

At this juncture, it is evident that the vast potential for our spiritual and material maturation as a recognized and statured University has been tapped only superficially. It is also evident that nearly every unit within the institution has the capability of making useful contributions to one or more other units. Until such thoughts are translated into reality, some of us will continue to grope for the true essence of consolidation. It is axiomatic that a visionary, respected and effective president will be needed to develop long-range stability and to lead us toward maturation. We hope for such a person as the outcome of the dedicated efforts of the presidential search committee.

This progress report on the School of Dentistry will begin with the mention of several events that bode well for consolidation and then follow with other significant accomplishments that relate primarily to the School itself.

School of Dentistry faculty have been involved intimately in the birth of the University's Faculty Senate. Dr. Robert Quinton-Cox made a special contribution as chairman of the faculty organization review committee which drafted the initial proposal for the creation of a UOHSC Faculty Senate. In addition, he has been serving as the UOHSC senator to the Interinstitutional Faculty Senate of the state universities and colleges, and he serves currently as the chairman of that Senate. Dr. David Mahler is serving as chairman of the UOHSC Faculty Senate special elections committee which is responsible for administering the election of senators from each academic unit. The School of Dentistry has elected its six senators and looks forward to participation in institution-wide faculty governance.

Through the personal interactions of several biological sciences faculty with their counterparts in the School of Medicine, there is developing an enviable degree of mutual respect, cooperation and sharing of both human and material resources that always seemed desirable but was never enjoyed much prior to consolidation. The School of Dentistry is enthusiastic about these emerging relationships, especially in physiology and pharmacology, and it hopes that the artificial barriers of pre-consolidation autonomy will be dissolved quickly wherever they still exist.

The development of a hospital dental service and residency programs in general dentistry, pedodontics and oral surgery has been given essential support by the vice president for hospital affairs, the dean of the School of Medicine and the chairmen of the departments of surgery and otolaryngology. Oral surgery residents now are sharing with otolaryngology residents in the treatment of patients who have suffered oro-facial trauma. All of these hospital dentistry activities require daily interdisciplinary cooperation and interaction with a variety of other hospital services and School of Medicine departments, and by providing oral health care in a hospital setting, dental residents become members of the team of health professionals who are responsible for comprehensive health care programs.

A larger facility to house the hospital dental service is being planned in University Hospital North, and it is hoped that some hospital experience will be available for predoctoral dental students within the near future. It is our feeling that all UOHSC predoctoral students should participate on interdisciplinary health care teams within various patient treatment settings.

The School of Dentistry also has a myriad

of other services available to it as a result of consolidation, including use of the School of Nursing's Learning Resources Center and its extensive audio-visual collection, the use of the division of media services, a more extensive use of the main library and the excellent services of the university relations staff, to name a few.

Center-wide activities have tapped the services of Dr. David Rosenstein, who chairs the UOHSC affirmative action committee; Olvin Moreland, who is the UOHSC director of minority recruitment; Dr. James Marshall, Dr. Howard Creamer and Margaret Ryan, who serve on the task force on graduate studies; and Dr. Ralph Merrill and Ms. Ryan who serve on the presidential search committee. I have the privilege of serving on the Executive Staff Council and of attending the meetings of the UOHSC Advisory Council.

School of Dentistry students involved in growing number of community service programs.

The outreach programs established by the School of Dentistry continue to grow. Dental hygiene students are required to rotate for five half-days at the Crippled Children's Division in addition to providing preventive education and care within the Portland Public Schools, in programs conducted by Multnomah and Washington County Health Departments, in the Gutman Center for mentally retarded adults, in Red Cross prenatal classes, in the Women and Infants Nutrition Program of Clackamas and Multnomah Counties and in the Good Shepherd Lutheran Home of the West at Cornelius.

Dental students are required to serve five full days in community service divided among the following facilities: the Russell Street Dental Center, which provides comprehensive oral health care for low-income residents of Multnomah County; Mt. St. Joseph's Residence and Extended Care Center; and Volunteers of America Residential Center. An honors program in children's dentistry offers dental students with the opportunity to provide services at Fairview Hospital and at the UOHSC Child Development and Rehabilitation Center.

In the fall of 1976, the commitment to independent study using mediated programs as a major component of the dental curriculum was given impetus by the remodeling of space adjacent to the dental library to house an independent learning center and the division of educational resources' instructional development office. This center provides space to house 14 study carrels and four study tables for a maximum accommodation of 34 persons. These carrels are equipped with rear screen projectors, slide projectors, and audio and video tape players. The center also provides the use of an audiotape speech compressor, microfiche readers and filmstrip viewers. The software collection has grown to 195 titles, composed of 563 units of instruction.

Coexistent with the birth of the independent learning center, the division of instructional development initiated a program of faculty instructional grants as part of a career support program. These grants encouraged the development of innovative and improved teaching methods. Five faculty members participated in the program and learned how to design, produce and test teaching materials with assured effectiveness.

In addition, the School of Dentistry has taken the first steps toward a more systematic evaluation of courses and teachers that will be the forerunner of a comprehensive system of evaluating the performances of every faculty member and administrator.

There are several noteworthy items related to School of Dentistry committees. Students are now serving on the dental and dental hygiene admissions committees, and reports about their contributions are most favorable. Three new committees have been appointed. These are the disease and biohazards control committee which is responsible for formulating policy on infection control, management of patients with infectious

disease or other systemic disorders that might modify the provisions of oral health care, and on the prevention, elimination and/or control of biohazards in the School of Dentistry. The stress management committee is responsible for gathering information from students and faculty on the areas in the School or curriculum that produce excessive stress and then locating personnel and developing methods to help students to manage problems of stress. The space utilization committee is responsible for gathering space use data, assisting faculty in preparing space need requests and making recommendations to the faculty and dean on short- and long-range space planning.

In the area of research, the School of Dentistry received \$347,257 in research grant awards, \$317,673 in research contract awards and \$21,813 from the Biomedical Research Support Grant programs. Other notable grants were \$400,000 from specialized services, extramural programs, to operate the Russell Street Dental Center and \$106,000 for minority student recruitment.

On the international scene, three School of Dentistry faculty—Drs. Arthur Retzlaff, Patrick Nalbene and Morris Weaver—spent the month of October in Nigeria as guests of and consultants for the developing College of Medical Sciences at the University of Benin. Dr. H. Cline Fixott was installed as president of the International Academy of Dento-Maxillofacial Radiology in Malmo, Sweden.

Support of alumni friends evidenced in completion of new continuing dental education facility.

The tremendous financial support of alumni and friends during the past four years has been transformed into a \$300,000 continuing dental education facility that will be completed in December and located in the basement of the School of Dentistry building. The Alumni Association is now busy identifying new projects to fund in the future, and we are deeply grateful for the tenderness that they show toward their Alma Mater. A second major remodeling project, funded by a \$780,000 state appropriation, has begun on the third floor where new preclinical technic laboratories will be constructed. The facility will be completed in March, 1978, and will incorporate maximum utility, flexibility and integration with clinical programs.

The School of Dentistry continues to endorse and support consolidation, and its staff and students are eager to explore all avenues for future interdisciplinary cooperation with other academic units. This will not occur merely because the organizational charts indicate that we are a Health Sciences Center or because the various administrators meet on a regular basis.

The real proof of consolidation will come when students and faculty in the institution recognize and respect each other's potential to contribute to wholeness as a University family, and translate that into improved educational and patient care programs.

LOUIS TERKLA, D.M.D.
DEAN, SCHOOL OF DENTISTRY

Advisory Council provides support for UOHSC programs

The first Chairman of the Health Sciences Center Advisory Council, Mr. Ira Keller, last year commented that during our first two years we had been very busy learning about the complicated, day to day, and long range problems of the various schools, divisions and hospitals. The Council has been very pleased with the cooperation extended by the staff and administration, and now as we become better acquainted we are even more anxious to do our bit in helping to improve what is already a fine institution.

This year we divided ourselves into committees as follows:

School of Medicine/School of Dentistry

Mr. Ira Keller, Chairman

Dr. Joseph Blumel

Mrs. Hazel Hays

Mr. Stephen Yih

Budget and Finance/University Hospital

Mr. Robert Roth, Chairman

Mr. Harold Sand

Mr. Leland Johnson

Mr. Roger Meier

School of Nursing/Crippled Children's Division

Mrs. Edith Green, Chairman

Mr. Robert Notson

Mrs. Barbara Schwab



RUDIE WILHELM, JR.
chairman, Advisory Council

The committees meet monthly, and usually before the full Advisory Council meeting which is the first Friday of each month. At the

full Advisory Council meetings the President, Deans, and Vice Presidents attend, as well as student representatives.

The most important program initiated by the Advisory Council during the past year is the review by Arthur Young & Company of accounting systems and procedures, and preparation of monthly financial statements. Corrective action is being taken where necessary to improve all aspects of the financial environment. Arthur Young & Company is working closely with the Administration and Finance Department of the Center, and the Budget and Finance Committee of the Advisory Council. Obviously with a budget approximating one hundred million dollars per year, administration and finance has a key role in assuring these huge sums are well accounted for and well spent.

The controversy over the location of the new Veterans Hospital has occupied a good deal of the time of the Advisory Council and the Council members, individually and collectively, are doing their best to see that this issue is resolved. Mr. Robert Notson has chaired a special committee of the Advisory Council working on this project. We are

concerned with the delay that has taken place which increases eventual costs and could mean being left with an antiquated VA hospital much in need of major repairs and affecting accreditation standards.

We are getting strong support for our position from those most directly concerned with good medical care for our veterans. The Veterans Administration has just released an excellent report again favoring the Marquam Hill site in answer to a House of Representatives committee report. We are pleased that both acting President Richard Jones and School of Medicine Dean Robert Stone are soon going to Washington to present the Health Sciences Center position to Congress and the VA. The help of Governor Robert Straub at the state level, and Senator Mark Hatfield and Representative Les AuCoin at the national level is much appreciated.

The Advisory Council wishes to take this opportunity to thank the staff at the Health Sciences Center for their fine work in improving this most important institution for the health and welfare of our citizens.

RUDIE WILHELM, JR.
CHAIRMAN, ADVISORY COUNCIL

Executive Staff Council prepares University mission statement

(continued from page 1)

Harold E. Georgia, executive vice president and director, Georgia Pacific Corporation, serves as president of the HSC Foundation. He has been a member of the board of trustees of the National Council of the Housing Industry of the National Association of Home Builders.

Barbara H. Schwab, Salem civic and cultural leader, has been active in the League of Women Voters, the Young Audiences of Oregon, Oregon Symphony Society, Boys and Girls Aid Society and the Parry Center as well as serving on the board of Temple Beth Israel, Reed College Alumni Association and Stanford Mothers Club.

Stephen W. H. Yih, president of Western Zirconium, Salem, is a member of the board of trustees of the Oregon Graduate Center and past chairman of the Linn County Democratic Party. He was named First Citizen of Albany in 1968.

For the rest of this report, I want to focus attention on our Executive Staff Council and some of its accomplishments related to planning. In addition to myself, the members of this Council are Mr. John D'Aprix, Executive Assistant to the President; Dr. Donald G. Kassebaum, Vice President for Hospital Affairs; Dr. Carol A. Lindeman, Dean of the School of Nursing; Dr. Victor Menashe, Director of the Crippled Children's Division; Mr. Robert A. Peterson, Vice President for Administration and Finance; Dr. Robert S. Stone, Vice President and Dean of the School of Medicine; and Dr. Louis G. Terkla, Dean of the School of Dentistry. Mrs. Mary Ann Lockwood, Assistant to the President for University Relations, serves as a recording secretary for this Council.

The Executive Staff Council meets regularly every other week and recently every week. In addition to dealing with matters related to the ongoing management of the institution, especially in areas which affect two or more units of the University, the group has been working on and coordinating several phases of planning for the future.

Each of the members of the Executive Staff is active outside of our University and is recognized as an expert in different areas of health education, planning, and management. For example, Dean Terkla has just completed simultaneous terms as president of the American Association of Dental Schools and president of the Western Conference of Dental Examiners and Dental School Deans. He is a past president of the American College of Dentists and is currently a member of the Council on Dental Education of the American Dental Association. Dean Stone is a member of the Liaison Committee on

Medical Education and was chosen as the first delegate from the newly established Section on Medical Schools to the House of Delegates of the American Medical Association. In addition he has been the chairman of the Advisory Committee on Undergraduate Medical Education for the Council on Medical Education of the AMA. Dean Lindeman is chairperson of the National Research Fund Committee of Sigma Theta Tau and a member of the Special Project Grant Review Committee, Division of Nursing, Bureau of Health Manpower. In 1976 she became one of only two nurses ever to receive the Brookdale Award of the American Nurses' Association. This award is traditionally given to people in medicine but was awarded to Dr. Lindeman because of her contributions as a major force in moving research into the practice setting.

Dr. Menashe is president of the Association of State and Territorial Maternal and Child Health and Crippled Children's Directors and is a member of both the State Developmental Disability Council and the Committee for Children of the State of Oregon. Dr. Kassebaum is a member of the Board of Directors and the Executive Committee of the Northwest Oregon Health Systems and chairman of its Planning Committee.

This fall, as the result of study and discussions which have taken place over the past year, a working draft of the Mission of the University of Oregon Health Sciences Center was prepared by the executive group. This draft is being shared with the Advisory Council, faculty, other staff, and students for their review and suggestions. Comments the Council receives will be considered in formulating a final statement.

The current working draft states that "The mission of the University of Oregon Health Sciences Center is to:

"Provide education and training to new and practicing health professionals and scientists,

"Advance knowledge and understanding of health, disease, and ways to improve health and health care through basic and applied research,

"Provide exemplary health care, including extraordinary regional and unique clinical services,

"Provide to the public and to the health care professionals information, education and expertise on health and health related sciences, and

"Favorably influence the supply and distribution of health professionals in Oregon."

This mission statement, which includes teaching,

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Crippled Children's Division offers special services to state

(continued from page 5)

more available to families in Oregon is our program for prenatal diagnosis and counseling. This program, directed by Dr. Gerald Prescott and assisted by Dr. M. L. Pernoll, now sees about 300 pregnant women and their husbands who are at risk of transmitting genetic disease to their offspring. Since the beginning of this program over 700 women have been evaluated. From this number 20 affected fetuses have been found. Recent state legislation has made these services available to all high risk women who meet the following criteria:

- a) any pregnant woman 35 years of age or older;
- b) any parent who has previously had a child affected with a chromosome aberration;
- c) any parent who has previously had a child with a neural tube defect;
- d) any family who has had a child with an X-linked disorder such as Duchenne muscular dystrophy, hemophilia or diabetes insipidus;
- e) any family found to be at risk for a metabolic disorder amenable to prenatal diagnosis.

The program is entirely voluntary but, of course, if the woman desires these services, she should enroll before the 14-16 week of

gestation if amniocentesis is to be done.

Recounted have been some of our newer activities that make available rather special services to all of Oregon. Our interdisciplinary program to train professionals of various disciplines regarding the management of individuals with mental retardation and other developmental disabilities has also increased its dimensions. This program, funded since 1969, and directed by Dr. Leroy Carlson, has recently been one of three programs in the country designated to develop a training curriculum for students regarding the older individual with a developmental disability as well as being awarded a grant to develop curriculum regarding the developmentally disabled for recreational therapists.

It is difficult to state in a small space the progress the Crippled Children's Division has made in the previous year. It is more difficult to properly acknowledge the hard working and devoted staff that makes this progress possible. However, I do feel a public acknowledgment of their efforts is appropriate and deserved and I personally am appreciative of this forum that allows me to do this.

VICTOR MENASHE, M.D.
DIRECTOR, CRIPPLED CHILDREN'S
DIVISION



In Crippled Children's Division Pendleton Clinic with small patient are Pendleton pediatrician Dr. Donald Guenther and CCD's Dr. David Macfarlane.

Mission statement defines areas of responsibility

(continued from preceding page)

research, clinical care, and public service identifies health and science related to health as our primary focus. The educational mission includes the training of new health professionals and biomedical scientists as well as continuing education for health professionals in practice.

The research mission recognizes that scholarly activity not only produces new knowledge but also encourages and facilitates understanding of that which is known and promotes the application of that knowledge to solution of problems, which results in improvement of health or prevention of disease.

The clinical care mission assures the presence of academic clinical faculty engaged in scholarly activity and instruction which places them at the forefront of knowledge, of innovative, and quality patient care.

The public service mission assures that the University of Oregon Health Sciences Center will continue to provide the public, including federal, state and other public agencies, with information on scientific and health matters.

The mission statement that identifies our role in the supply and distribution of health professionals in Oregon, recognizes that we can only "favorably influence" the supply and distribution but cannot control these factors. We can do this by working with others in (a) recommending and promoting programs which offer incentives to health practitioners to serve in geographical areas of need, (b) helping determine policy, (c) helping plan for supply and distribution of health manpower, and (d) offering innovative education and training programs to supply new and

needed health practitioners for our state.

The statement of our mission serves as the reference point for the more detailed description of the goals and objectives for each of the schools and other units of the University. The mission also identifies for members of our institution as well as for the public what we are expected to do and, as important, what we are responsible for doing. Together with the goals and objectives of the various units, our mission provides a frame of reference for the establishment of priorities, the acquisition and allocation of resources, and the planning for the future.

Goals and objectives for the various units of the University are currently under review by the Executive Staff. We expect to have a final draft of the mission, goals and objectives for the entire institution for final review and acceptance by the Advisory Council and the Oregon State Board of Higher Education early in 1978. It should be recognized that the statements of missions, goals, and objectives are not fixed or inflexible but are dynamic and subject to change in the future preferably through deliberate and orderly processes of planning. However, at any point in time, they provide an essential part for developing plans for the future. I believe the Executive Staff Council will function as the focal point for coordinating and catalyzing future planning. One of the next steps, will be the review and further development of a master plan for our University. This will be an interesting and exciting challenge for all of us in the next year to come.

Richard T. Jones.

HEALTH SCIENCES CENTER

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