



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.

HSC plays host to State Board of Higher Education



Members of the Oregon State Board of Higher Education, along with Chancellor Roy Lieuallen and board secretary Wilma Foster, spent an intensive day and a half in July learning more about the UOHSC.

The visit to the campus, scheduled about every three years, allows board members to see facilities, hear about accomplishments and needs, and question institutional managers.

Sessions at the UOHSC July 25 and 26 focused on reports from the president and program heads and conversations with faculty, students, the UOHSC Advisory Council, representatives of alumni associations of the three schools and various professional groups. Board members also were given extensive tours of the facilities and introduced to research activities and educational programs.

The visit was termed "excellent" by Dr. Lieuallen and "one of the most enlightening and interesting tours I've taken" by

board member Lester Anderson.

Individual presentations described present programs and outlined future plans and hopes.

Citing inadequate physical facilities and an incomplete collection, James Morgan, director of libraries, told the board that proposals are being developed that would, if approved, bring the UOHSC library up to contemporary standards.

The library for the Schools of Medicine and Nursing is housed in a building that was constructed in 1939 to house 75,000 volumes. The 1967 addition, which increased the capacity to 121,000 volumes, was exceeded before the addition was completed. Today more than 20 percent of the collection is in storage, he said.

Other problems, the librarian noted, are even more critical: the ability to add to the library collection is limited by lack of funds. Last year the decision was made to purchase journal subscriptions rather than to add books. As a result of special efforts on the part of the president and others, private monies were obtained to purchase some monographs, but this was a "stop-gap" measure.

School of Nursing dean Dr. Carol Lindeman reported that implementation of the

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A model of hemoglobin was one of the attractions when State Board members toured laboratories in the Basic Science Building. Dr. Richard T. Jones, professor and chairman of biochemistry in the School of Medicine, explains the model to, from left, Alvin Batiste, Jonathan Ater and Edward Harms Jr.

President emphasizes 'humaneness' in education

"Education is the fundamental reason for our institutional existence."

Dr. Leonard Laster, HSC president, told members of the State Board of Higher Education at their July 27 meeting, "If we do not educate with excellence, if we do not produce health professionals who come to their responsibilities with humaneness as well as with superlative technical skills — then we fail."

Dr. Laster's presentation was the culmination of a visit to the Health Sciences Center in July by the state's governing body for public higher education.

"Although we have every reason to be

proud of our graduates," the president said, "regrettably, we have not educated them under circumstances that always afford full opportunities to develop talents and to sharpen clinical and intellectual skills. We owe them even more than we have already provided."

"We have the strengths to do better, and our university is small enough to enable us to emphasize the importance of the individual — indeed, this is what health care is all about. The stage is set here for a leap forward, for a major renaissance, and this must be our primary goal for tomorrow."

Responsibility for educating health professionals implies two inherent component missions, Dr. Laster said.

"One is to provide outstanding clinical care to patients. If our graduates are to be accorded the privilege of taking human lives and emotions into their hands, then during their clinical years they must have educational experiences with patients at

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DR. LEONARD LASTER
president, Health Sciences Center



Photo by Chris Normandin

Free dental care awaits state employees at School clinics

No amount of Novocain can numb the pain of a high dental bill.

However, with the School of Dentistry's help, many state employees won't have to cringe any longer about their dental costs.

Free dental care is now available in the HSC School of Dentistry clinics for state employees who are enrolled in the Oregon Dental Service (ODS) insurance program. The free care will be provided under terms of a contract recently awarded to ODS.

In the new plan, which took effect Aug. 1, Oregon Dental Service will reimburse the School of Dentistry 100 percent of fees charged for most services.

ODS traditionally has paid 80 percent of the dental bill and the employee has paid 20 percent. But because the School of Dentistry clinics' fees are generally much lower than those of private practitioners, it actually costs Oregon Dental Service less to pay 100 percent of the dental clinics' fees than to pay 80 percent of private fees. Thus there is nothing left for the employee to pay.

If state employees and the Oregon Dental Service both benefit from the new plan, so does the School of Dentistry.

"For some time now, the School of Dentistry has been experiencing an inadequate supply of patients for its clinical ed-

ucation programs," noted Dr. Louis Terkla, dean. The School proposed the plan largely to attract more patients to its clinics.

Prospective patients should be cautioned about a few points, Dr. Terkla said. First, they may face a waiting period for appointments. Second, screening and treatment will take longer than in private practice because of the teaching environment. And third, in some instances, state employees cannot be guaranteed acceptance into the clinics.

"Our first obligation is to produce students who, at graduation, are broadly prepared," the dean said. "That has an im-

pact on the kind of patient we can accept for treatment."

A full range of dental care is performed at the School by students under the supervision of instructors. Because students must be trained in all phases of dentistry, the need for certain types of patients at certain times may dictate admission.

Services not covered at 100 percent under the ODS/School of Dentistry plan include gold crowns, bridges, partial dentures and full dentures. Orthodontics is not covered.

According to Dr. Terkla, the School of Dentistry will attempt to determine

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Plastic surgery division brings new look to department

Plastic surgery — a new division of plastic and reconstructive surgery, that is — has changed the look of the School of Medicine's department of surgery.

The newly created division will "satisfy a long-term need in our teaching, research and service programs," said Dr. William Krippaehne, chairman of the department of surgery.

Repairing the ravages of accidents, burns, disease and congenital deformities is the major task of the plastic surgeon. Despite the popular image of plastic surgery as facelifts and nose bobs, probably fewer than one-fourth of plastic surgery procedures performed in a university hospital are purely esthetic (cosmetic), pointed out Dr. Stephen H. Miller, professor of surgery and chief of the division.

Dr. Miller came to the Health Sciences Center in July from the Milton S. Hershey Medical Center of Pennsylvania State University, Hershey, where he was professor of surgery. His background includes a fellowship in Nairobi with the East African Flying Doctors.

Serving with him are Dr. Robert De-muth, associate chief of the division, formerly associate professor of surgery at the University of Texas Southwestern, Dallas, and David Buck, research associate, formerly research assistant at the Milton S. Hershey Medical Center.

"Our hopes are to build up a plastic surgery division that will include residency training in plastic surgery, which we hope to start in the next year or two," said Dr. Miller. "We will include participation of our active clinical staff in teaching, research and patient care."

"We hope to establish a very active research program and continue the work I began at Hershey on microvascular surgery and its effects on the microcirculation," he continued.

Involving a high-powered microscope, microvascular surgery is very fine surgery on blood vessels that are a millimeter or less in diameter, composing the microcirculation. Other research will focus on the effects of burn and crush injury on microcirculation.

In the field of surgery, Dr. Miller explained, it is important to know how the microcirculation responds when blood is not going through it and how tissues

respond after being without blood supply for a period.

"It's a very exciting, far-reaching specialty," Dr. Miller said of plastic and reconstructive surgery. "We have techniques that allow us to literally move bones and segments of tissue around to make a patient more normal-appearing."

The term "plastic surgery," in fact, is somewhat misleading. Plastic surgeons work not with plastic, but with grafts of bone and tissue and with alloplastic materials such as silicone. ("Plastic" comes from the Greek word "plastikos," which means "capable of being molded.")

For Dr. Miller, some of the most interesting procedures have involved reconnecting fingers severed in accidents, reconstructing breasts that women have lost to cancer surgery, and operating on children born with severe facial deformities.

Before creation of the division, Dr. Krippaehne said, the HSC was able to fulfill only urgent needs for plastic and reconstructive surgery. The Center depended on the services of plastic surgeons in the community.

"We are infinitely grateful for their help," the department chairman said. "They've come up and volunteered their time and effort to teach and to take care of patients."

Dr. Krippaehne also had thanks for the Tektronix Foundation, which recently donated \$18,000 to help the new division set up a laboratory for teaching and research.

Dr. Stephen H. Miller, left, performs plastic surgery on a girl with a burn scar on her cheek. Dr. Miller is head of the new division of plastic and reconstructive surgery in the School of Medicine's department of surgery.



New position created for academic affairs

The UOHSC has a new vice presidency dedicated exclusively to the interests and needs of faculty and students.

A new position, vice president for academic affairs, has been established by President Leonard Laster. Dr. John M. Brookhart, who retired in July after serving as chairman of the department of physiology in the School of Medicine since 1952, has been appointed as acting vice president.

"I have been thoroughly persuaded by conversations with faculty and students, with colleagues on the executive staff, particularly the deans, and by personal observation during the past year," said Dr. Laster, "that there is a critical need for a University advocate and administrative officer whose efforts will be dedicated exclusively to the interests and needs of faculty and students and who will oversee and foster academic functions that cross School lines and will serve as a focal point

for identifying and resolving academic issues.

"I hope the vice president will facilitate such matters as academic appointments and promotions; will coordinate the development, revision or implementation of academic policies, procedures and programs related to faculty and students; will foster the conduct of interdisciplinary efforts in research and education and the submission of proposals for curricular changes to the Oregon State Board of Higher Education; will oversee preparation of documents for accrediting agencies; will collect data, maintain records and provide information for research related to institutional self-evaluation.

"We should all be very pleased," Dr. Laster continued, "that Dr. Brookhart has agreed to postpone his retirement plans to help us begin this process. In addition to assuming important immediate operational responsibilities, such as seeing us through a University accreditation visit, Dr. Brookhart will help delineate the logical and necessary functions of the office in greater detail and to order them in relation to Center-wide priorities. When this has been accomplished, we will conduct a national search for a permanent incumbent of the office."

Dr. Brookhart joined the faculty of the School of Medicine in 1949. He was president of the American Physiological Society in 1965 and served in various capacities with the group between 1960 and 1977. In 1974 he received the R.G. Daggs Distinguished Service Award of the Society.

He has served as treasurer of the International Union of Physiological Sciences and as chairman of the USA national committee, and was a member of the USA national committee of the International Brain Research Organization and served two terms on the central council for that group. He has been a member of the executive committee of the Federation of American Societies for Experimental Biology and holds memberships in a number of other professional groups.



DR. JOHN BROOKHART
acting vice president for academic affairs

The acting vice president for academic affairs has been a member of the Scientific Advisory Committee for the Primate Center; chief editor of *The Journal of Neurophysiology*; a member of the Advisory Council on Health Research Facilities for the National Institutes of Health; a member of the Advisory Panel for Regulatory Biology and the Advisory Panel for Psychobiology, both for the National Science Foundation; and chairman of the Science Information Program Advisory Committee for the National Institute for Neurological and Communication Disorders and Stroke.

In 1975, Dr. Brookhart served as a member of the Neurosciences Interdisciplinary Cluster of the President's Biomedical Research Panel. He completed a term as a member of the physiology test committee of the National Board of Medical Examiners in 1979.

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HSC leaders share hopes and concerns with board

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long-range plan for the School, approved by the board in 1977, was on schedule; a major curriculum study designed to evaluate the effectiveness and efficiency of current programs is beginning; and continuing education, recruitment and retention of minority students and placement of senior students in rural settings for one quarter are all receiving special attention.

Dr. Lindeman then identified five issues confronting the School: correction of deficiencies noted in the 1977 accreditation report of the National League for Nursing; acquisition of adequate physical facilities to support the mission of the School; addition of sufficient clerical staff; adjustment of faculty salaries; and development of nurse practitioner program options within the graduate program.

Dr. Louis Terkla, dean of the School of Dentistry, reported that although the School does not have an extensive research program, the nearly \$1 million in grants and contracts received last year places it in a "fairly good position among the nation's dental schools."

"There is no question that an expanded research program would strengthen the School and the quality of its instruction," said the School of Dentistry dean.

The heavy demands of the educational programs on faculty — sometimes 30 student contact hours a week — limit time for research activities unless resources become available to provide release time for teaching commitments. "There is no question that an expanded research program would strengthen the School and the quality of its instruction."

Another issue Dr. Terkla discussed was the self-supporting patient treatment clinics. "Our current data indicate that the ability of the School to maintain clinics without state fund support may come to an end soon," the dean said. "Very few dental schools in the United States operate clinics on a totally self-supporting basis."

Great efforts are being made by the School to increase the supply of patients inasmuch as some have been lost as a result of increasing dental insurance benefits which allow employees to select private dental offices, the dean pointed out. One result has been the approval of a request to the State Employee Benefit Board to include 100 percent reimbursement in its dental insurance package for covered state employees (see story on page 1).

Finally, Dr. Terkla described efforts under way to correct deficiencies listed by the Commission on Accreditation of Dental and Dental Auxiliary Programs in its 1979 report.

Reporting to the board from the School of Medicine were Dr. Ransom Arthur, dean, and Dr. M. Roberts Grover, associate dean. After reviewing the School's educational programs, research efforts and public service activities, the deans turned to the School's most pressing needs.

"Despite the 7.6 FTE increase in faculty, the School remains in the lower one-third of student/faculty ratios when compared with other U.S. medical schools," the board was told.

"Medical knowledge has been undergoing a reductionistic explosion during the past 50 years which has been fused by our increasingly sophisticated technology. When technological advances led to the development of the electron microscope, allowing us to observe subcellular and even molecular changes within a single cell, our information about the effect of disease on cells increased exponentially. Other technological advances in medicine have had similar accelerating effects on the amount of medical information generated during the past one-half century.

"This knowledge explosion has resulted in the need for a faculty member to specialize in a single area of knowledge so he/she could gain a level of mastery and



Although the Health Sciences Center library boasts an outstanding history of medicine collection, it unfortunately doesn't have as much to brag about in other areas, pointed out James Morgan, director of libraries, at left in photo above, during the board's library tour. Here, Mr. Morgan describes the interlibrary loan and reference office. The HSC processes more interlibrary loans than any other school in the State System of Higher Education, he observed, yet employees must work in cramped conditions. The librarian told the board that proposals are being developed that would, if approved, bring the HSC library up to contemporary standards.

Sitting in a School of Nursing classroom, board members and Chancellor Roy Lieuallen, lower right, listen as Donna Schantz, associate dean of nursing, describes the School's outreach programs. Other highlights of the board's tour of the School of Nursing were the minority recruitment and retention program, classrooms and offices in Emma Jones Hall, and the Learning Resources Center.

It all starts here — centralized TV instruction for medical students, that is. In photo at lower right, Dr. John Van Bruggen, professor of biochemistry in the School of Medicine, shows board members the control center in the Basic Science Building which can communicate with the eight teaching labs on the third floor or the eight labs on the fifth floor. The control center includes two TV cameras, one color and one black and white, and a microphone for the amplification system.

expertise that is required of all good teachers. This phenomenon has resulted in an increased need for faculty that far exceeds the need related to increases in student enrollment alone. We have not kept pace with the need for highly specialized faculty to provide our students with a contemporary medical education."

Recognizing strides made during the most recent legislative session, Dr. Arthur said, "We remind you that we will need your continued assistance during subsequent biennia to help us reach an appropriate faculty size."

M. Ronald Parelius, acting vice president for administration and finance, pointed out the uniqueness of central administrative functions in academic health centers in that they are driven by requirements of agencies external to the Center and external to higher education. For example, the continually changing federal requirements of Medicare and Standard Hospital Uniform Reporting, and state requirements for programs such as the personnel inventory system, require ongoing review of accounting management and budgeting practices within institutional administrative units.

He also pointed out that although the HSC is nearly five years old, and major consolidation, coordination and reorganizational activities have been accomplished, there are still areas in which merger is not complete.



A continuing problem for the institution, Mr. Parelius pointed out, is funding of the physical plant. A decision was made to support basic education programs in the face of escalating costs resulting in reduction and delay of maintenance activities.

The need to develop a management information/reporting system, addressed during the legislative hearings, will be given high priority by the HSC during the present and future fiscal periods, he concluded.

Reviewing Crippled Children's Division activities, Dr. Victor Menashe, director, focused on the value of interdisciplinary programs, not only to the HSC's educational programs, but to the patients. "As an integral unit of the UOHSC, the CCD has, as one of its obligatory functions, participation in teaching and academic activities.

"This involvement has been mutually beneficial to the care of handicapped children and their families and to the training of students and practitioners of the

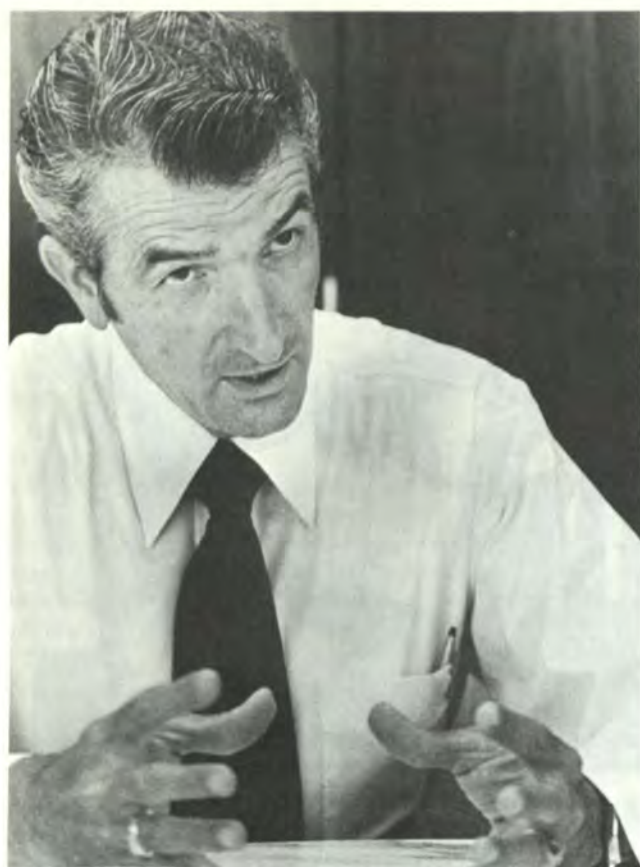
various health professions. The benefits that accrue to the children are the number and variety of talented faculty that can be brought to see these children as well as the 'future' benefit of having health care practitioners aware and schooled in the problems of handicapped children.

"Students are given a teaching experience that will better equip them to meet the problems of the handicapped. With this view, the teaching we do is a way to extend services to handicapped children."

A truly interdisciplinary clinic is a model that shows the respect and understanding which practitioners of each discipline need and should have for each other if they are to serve the client well, Dr. Menashe explained. "Nothing stimulates the student in an interdisciplinary setting more than hearing rational discussion and concern about a patient coming from representatives of all attending disciplines."

Dr. Donald Kassebaum, vice president for hospital affairs, described the need to sustain the patient base and change the

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Composing the State Board of Higher Education are, clockwise from upper left, Dr. Louis Perry, president; Edith Green; Robert Ingalls; Alvin Batiste; Elizabeth Warner-Yasuda and Jonathan Ater (center photo); Jane Carpenter; William Thorp III; Loren Wyss; Lester Anderson, and Edward Harms Jr.

State Board's actions touch lives of all Oregonians

With its 11 members, the Oregon State Board of Higher Education helps shape the destiny of the 62,000 students and 9,500 employees of Oregon's state-supported institutions of higher learning. Indirectly, it touches the lives of all Oregonians.

The State Board of Higher Education controls all eight state-supported institutions of higher learning, including the Health Sciences Center.

Among its tasks are setting tuition fees and admission requirements at the institutions; preventing and eliminating unnecessary duplication of courses, departments, offices, equipment and other facilities; and managing and controlling all property and financial operations.

The board has two committees — one on finance, administration and physical plant and one on instruction, research and public service programs.

These committees review proposals submitted by the chancellor of higher education (Dr. Roy E. Lieuallen) and make recommendations to the full board, which has power of approval. All requests from the institutions go to the chancellor's office before being taken to the board.

Appointed by the governor with confirmation by the State Senate, the board members serve four-year terms except for two student members, who each serve two years. Members are volunteers and receive pay for expenses only.

The State Board of Higher Education convenes every six weeks, alternating between committee meetings and full-board meetings.

President of the board and chairman of its executive committee is Dr. Louis B. Perry, Portland, who also serves as president of Standard Insurance Co. He is a

former college president and economics professor.

Other members of the board's executive committee are Edward C. Harms Jr., vice president, who is city attorney for Springfield, and Loren L. Wyss of Portland, senior vice president and director of Columbia Management Co.

Robert C. Ingalls of Corvallis, publisher of the *Corvallis Gazette-Times* and former member of the Oregon House of Representatives, is chairman of the board's committee on finance, administration and physical plant. Chairing the committee on instruction, research and public service programs is Jane H. Carpenter of Medford, who has long been active in public service work.

Other members of the State Board of Higher Education include Lester E. Anderson, Eugene, owner and publisher of an

internationally circulated market report on lumber and plywood products and former mayor of Eugene; Jonathan A. Ater, Portland, partner in a law firm; Alvin R. Batiste, Portland, engineer and physical scientist for the Bonneville Power Administration; and William C. Thorp III, Gold Beach, a senior in business administration at Southern Oregon State College.

The board has two new members — Elizabeth Warner-Yasuda, Eugene, a pre-law senior in political science at the University of Oregon, and Edith Green, Wilsonville, former Congresswoman representing Oregon's 3rd District. Mrs. Green served in Congress for 20 years, retiring in 1975. She is credited with authorship of the Federal Higher Education Acts of 1965, 1967 and 1972 as well as the National Quality Education Act of 1972. She is a former member of the HSC Advisory Council.

President stresses excellence in education, from laboratory to bedside

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the hospital bedside, in the office and in the community. They must be trained by extremely capable preceptors who can guide them through progressive attainments toward professional independence.

"A second logical consequence of our educational mission," said Dr. Laster, "is the responsibility to foster biomedical research." Calling for intellectual humility because "our days as clinicians always will be bounded by limitations in our knowledge," Dr. Laster went on to say that "we must train students to recognize genuine and important contributions to biomedical knowledge and to incorporate them into their practices without being duped by passing fads or by wishful thinking. This training can best be achieved in an institution with a vigorous, dynamic and high-quality research program. We must

add to the store of knowledge, we must recruit the best young minds into research in a continuing effort to learn how to prevent or to cure disease — and we must imbue our graduates with the courage to say, 'I don't know' when necessary."

A second mission in addition to undergraduate education is postgraduate education — the training of medical and dental residents, of candidates for graduate degrees in nursing, and of candidates for doctoral degrees in the basic sciences — where, obviously, high quality is also essential, he said.

A third institutional mission is to fulfill an obligation to the entire state's health professional community to provide an extensive and creative program for continuing education.

"We must also continue to serve, along with other agencies and groups, as a

source of advice and information for laypersons, as our resources will permit," Dr. Laster told the board, "and finally, we must take an appropriate place in the conduct of research and development to improve health services in Oregon."

The president drew chuckles from the audience when he described the HSC as a patient whose lesions are beginning to heal and whose strength is beginning to return, largely as a result of the transfusions and other medications that were administered during the recent legislative session. "The patient is sitting up and taking chicken soup and that's a good prognostic sign."

Reviewing plans for the biennium, based on the approval of the budget request by the legislature, the president noted allocations for additional faculty in the Schools of Medicine and Nursing, ini-

tiation of long-range planning activities and filling of vacant leadership positions in a timely fashion.

He emphasized the need for a focus for support of faculty and students in an office of academic affairs and major efforts to improve and support management activities. He credited faculty and staff for maintaining the institution so well during a "period of vicissitude."

Looking to the future, Dr. Laster said, "We understand fully that when we return to the legislature, we will have to present an account for what we did and to explain why we chose to take the actions that we did; we will have to present an ordered list of our priorities, describe how our needs were evaluated and delineate the benefits to be derived by the institution and by the people of the state if additional institutional deficiencies are corrected."

Board members get quick lesson at learning centers



During the board's visit to the School of Nursing's Learning Resources Center, Bernice Jones, chairman of parent/child nursing, shows Jonathan Ater how to use one of the audiovisual carrels. Board members also saw the School of Dentistry's learning center.

For the visiting members of the State Board of Higher Education, the programming was, appropriately enough, educational. The small TV screens were lit up with demonstrations of physical assessment, catheterization and cardiopulmonary resuscitation.

The board members were getting a sample of what nursing students see day in and day out at the School of Nursing's Learning Resources Center (LRC).

Board members had been invited to view videotapes at the LRC carrels during their tour of the School of Nursing, and "a couple of them didn't want to leave till they had finished the tape!" observed Donna Schantz, associate dean of nursing, who conducted the tour.

Featuring audiovisual aids and special models, the Learning Resources Center in Emma Jones Hall gives nursing students an opportunity to learn and practice the many skills vital to their profession. They polish their skills in a simulated situation before moving on to real patients.

The LRC has 18 carrels containing equip-

ment for viewing videotapes, slides and filmstrips. Here students study everything from making a bed to giving an injection to handling patients' psychological problems.

After working with the audiovisual aids and printed materials, students go into the LRC's labs and actually practice the procedures on mannequins or on each other. They are checked and tested by an instructor.

Among the many special learning aids are mannequins for practicing cardiopulmonary resuscitation, adult and infant intubation models, male and female catheterization models, and IV arms.

The Learning Resources Center is an integral part of the School of Nursing's educational program, emphasized Ms. Schantz. Both undergraduate and graduate students spend time there.

"The students like it; the faculty like it; and it makes the students much more competent and much more comfortable when they approach the hospital or clinic situation," she said.

In fact, Ms. Schantz noted, "We felt it was so valuable that we're putting together a replicate Learning Resources Center for our School of Nursing at Eastern Oregon State College so that our students there will have the same kinds of learning experiences they have here."

The School of Dentistry boasts a similar center with a different name — the Independent Learning Center.

Equipped with 17 audiovisual carrels, the Independent Learning Center gives dental students a chance to study a generous variety of subjects at their own pace.

Videotape and slide/audio cassette kits available in the School of Dentistry library across the hall offer information on such topics as physiology, plaque diseases, construction of a temporary partial denture, instrument sharpening and local anesthesia. Audio tapes of lectures also receive plenty of use.

Members of the State Board of Higher Education got a glimpse of the Independent Learning Center during their tour of the School of Dentistry.

Improbably named virus may offer clue to cause of cancer

What changes a normal cell into a cancer cell?

The question has puzzled scientists for decades, but a UOHC researcher thinks he has found a clue in a virus with the unlikely name of Friend erythroleukemia virus.

Working with blood cells of mice, Dr. David Kabat, professor of biochemistry in the School of Medicine, and his colleagues have found that the virus alters the surface membrane of the normal cell. The virus produces a substance on the membrane which, he hypothesizes, sabotages the cell's ability to perceive signals from the body — causing the cell to proliferate uncontrollably.

The virus produces a substance on the cell membrane which, Dr. Kabat hypothesizes, sabotages the cell's ability to perceive signals from the body — causing the cell to proliferate uncontrollably.

The Friend erythroleukemia virus causes mice to develop acute leukemia, a cancer of the blood cells. The malignant cells populate the spleen and liver, forming large cancerous growths that eventually kill the animal.

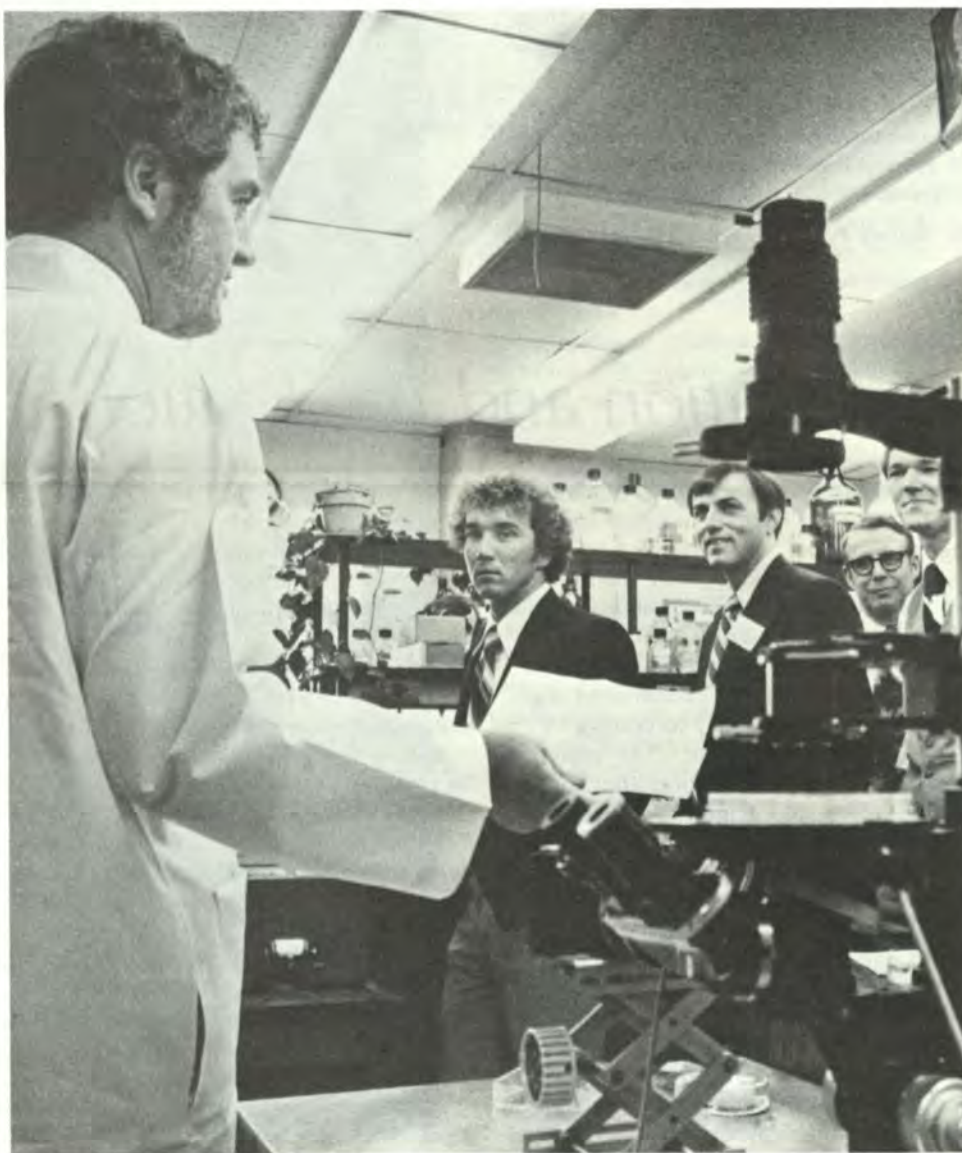
Dr. Kabat is one of many researchers studying the possible role of viruses in causing human cancers.

"It's very hard to determine whether human cancer viruses exist," said Dr. Kabat. "In mice or other animals, one can take an extract of the tumor cells and show that they have a virus capable of transmitting cancer to a normal mouse. But, for ethical reasons, one can't take extracts from human cancer and inject them into normal humans. So it's been very hard to decide what the role of viruses are in human malignant diseases."

However, he noted, the vast majority of animal cancers have a viral cause.

"Components immunologically related to mouse leukemia viruses have been detected in human leukemias, and viruses very similar to these mouse viruses have turned up in extracts of some human cancers," Dr. Kabat pointed out. "That doesn't say they are causes of the human cancer, but nonetheless, it makes them candidates."

According to Dr. Kabat, "The (Friend erythroleukemia) viruses are very tiny. They have at most three genes in them, which is a very small number. It's reasonable to think that one of those genes is primarily responsible for subverting the normal cell's growth regulatory process and causing the cell thereby to grow in an unregulated manner."



When the Friend erythroleukemia virus attacks a cell, the researcher explained, it goes inside the cell — and produces a component called glycoprotein that attaches itself to the outside of the cell membrane.

"That's interesting because cells receive their signals from the outside, and all signals pass through the surface membrane. The way in which a cell perceives its environment is determined by the manner in which its membrane can perceive the world," Dr. Kabat emphasized.

"If the membrane is normal, then the cell will obtain information through its membrane that limits the proliferation of the cell. The signal may say, 'We don't need any more of you; just sit there and wait till we need you. Don't divide; we have enough of your kind.'"

"But if the membrane is clogged up somehow — is covered with this virus-encoded material — then it may be unable to correctly perceive these external signals, and its proliferation may be, therefore, unregulated."

Several pieces of evidence point to the virus-produced glycoprotein as the culprit in causing cells to proliferate, Dr. Kabat said. "For example, several related acute leukemia viruses that we have analyzed all produce nearly identical surface-membrane glycoproteins."

In his research, he has begun to isolate viral mutants which have defects only in the gene that codes for the membrane material. If these mutant viruses prove defective in the ability to cause leukemia, he said, this will verify that the gene that produces the membrane material is a cause of unregulated cellular growth.

Dr. Kabat continued, "The long-term idea is that if we can find out what causes a mouse cell to grow in an unregulated, cancerous fashion, then we will know where to focus our attention when we examine human cancers. If the cell surface proves to be the key point for abnormality in animal cancers, then the same thing is likely to be true in human cancers."

Using antibodies that recognize only the foreign matter (glycoprotein) on the

Dr. David Kabat explains his research to members of the State Board of Higher Education during their visit to his laboratory in the Basic Science Building. Listening are, from left, William Thorp III, Jonathan Ater, Dr. Roy Lieuallen and outgoing board member Greg Moore. Dr. Kabat is one of many researchers studying the possible role of viruses in causing human cancers.

infected cells, Dr. Kabat is able to kill the infected cells.

"If we found that the material we've been studying causes mouse cancer, we would look for related molecules on the surfaces of human leukemia cells. If it were true that similar mechanisms were causing human leukemia, and we had antibodies directed against components critical to the development of human leukemia, those antibodies might selectively kill the cancer cells in the human body," he noted.

Dr. Kabat's research uses mostly cells grown in a culture medium. This enables him to do complicated experiments quickly that would take months in laboratory animals.

Collaborating on the research project are Dr. Mark Murray, research associate; Martin Ruta and Thomas Fitting, graduate students; and Ethel Polonoff and Suzanne Clarke, research assistants.

Dr. Kabat, who has been working with leukemia viruses for over three years, recently received a \$150,000 grant from the National Cancer Institute for another three years of research.

Med techs take honors

Two graduates walked away with top awards as well as certificates after the medical technology program's 1979 certification ceremony Aug. 10.

Wendell Ard received the award as the graduating student who most exemplifies a medical technologist. The winner was selected by the medical technology teaching staff and students.

The award for outstanding scholastic achievement went to Patsy Kelley.

Both graduates received copies of the recently published "Melloni's Illustrated Medical Dictionary," donated by the publisher, Williams & Wilkins Co.

Also receiving an award was Bob Jossy, campus bus driver. The class selected him as the person who has been most helpful and friendly to them during their year at the Health Sciences Center.

Marian Ewell, senior instructor in medical technology, presented the awards.

Special test gives hearing-impaired children head start

Evoked response audiometry — a new term to many people, but for hundreds of children it is the difference between hearing and not hearing, speaking and not speaking.

Unlike the behavioral methods usually used in testing of hearing, evoked response audiometry (ERA) tests an evoked or elicited response.

"The value of evoked response audiometry is that it requires no voluntary response on the part of the subject," explained Dr. Norton Young, professor of audiology at the Crippled Children's Division.

Many children are too young or too impaired (mentally, physically or emotionally) to respond to routine tests. ERA provides a reliable way to identify hearing losses in such children, Dr. Young said.

"The language, speech and educational outcome for hearing-impaired children can be greatly enhanced through this method of identification."

Dr. Young has been the main developer of the test method in Oregon as a clinical tool in an audiological facility. He and Dr. Rudolph Engel, professor emeritus of pediatrics at the HSC, assembled equipment to perform the special auditory test in the 1960s after rubella epidemics left hundreds of children with impaired hearing.

Although neurologists often use ERA to diagnose neurological diseases, Dr. Young said the CCD program is the only one in the state using the test for diagnosis of hearing loss in infants and multiply impaired children and for planning of treat-

ment. One hundred to 125 youngsters are tested each year.

Early detection of hearing loss is vital to a child's development of listening and language skills.

However, Dr. Young said, "It isn't easy to identify hearing loss. Deafness in infancy may go undetected until two, three or even four years. This is tragic because the optimum years for learning language are the first 36 months of life."

Evoked response audiometry means "earlier education for hearing-impaired children and more appropriate decisions on the type and power of hearing aids," he noted. "The language, speech and educational outcome for hearing-impaired children can be greatly enhanced through this method of identification."

A special adaptation of electroencephalography (recording of the brain's electrical activity), ERA involves attaching three electrodes to the patient's head: one at the top (vertex) and one behind each ear on the mastoids. The patient also wears headphones.

The child is given a mild sedative and may be gently restrained in a "papoose board." Parents always are present to help calm the child.

During the testing, the patient's auditory system is stimulated with sounds while a computer records the electrical activity produced as the message travels from the inner ear to the brain.

When stimulated with repeated sounds, the nervous system generates three classes of electrical activity — early, middle and late waves.

Dr. Rodney Pelson administers the ERA test to a youngster at CCD.

Early waves, those occurring in the first 10 milliseconds, are called brain stem waves. Brain stem testing, which uses a series of rapid clicks as the stimulus, is the preferred method at CCD because it tests high-frequency hearing and produces the most consistent response.

"Most hearing losses are of the type that low-frequency hearing is better preserved than high frequency," said Dr. Rodney Pelson, clinical audiologist at CCD. High-frequency testing often reveals hearing impairments that low-frequency testing does not.

Dr. Pelson stressed that evoked response audiometry does not replace be-

havioral testing. In fact, "ERA is always used in conjunction with other methods — never by itself," he said.

One infant in every 1,500 to 2,000 births has complete or severe hearing loss or develops hearing loss within the first year of life. CCD receives frequent referrals from physicians who suspect hearing impairment in the early months.

According to Dr. Pelson, "Hearing is probably the most important sensory input to the central nervous system. Hearing is the reason we learn language so well. It is crucial to social, intellectual, educational and communicative development."



Rx for patients is education and medication

Chances are you know someone who has a chronic illness.

The chances also are good that that person is, in some way, failing to follow "doctor's orders" in the taking of medications. Studies show that 54 percent of chronically ill patients do not comply with the medication regimen laid out for them.

Helping chronically ill patients to be better managers of their own health regimens is the goal of a study being directed by Dr. May Rawlinson, professor of nursing and associate professor of medical psychology.

"One of the great challenges to the health professions is to provide these people with the information they need so they can manage their own illness."

Through the two-year nursing study, Dr. Rawlinson hopes to find the most effective ways to teach patients how to be good decision-makers about taking their prescribed medications, and thus more self-sufficient in their health care.

The idea is to match the teaching strategy to the patient's characteristics and needs.

"Patients suffering from chronic illness such as heart or kidney disease may have an extremely complicated regimen to follow," Dr. Rawlinson said. "They may have to use multiple medications and adhere to many kinds of prescriptions for exercise and diet. The amount of knowledge these people need is often enormous."

"One of the great challenges to the health professions is to provide these people with the information they need so they can manage their own illness."

The \$228,000, federally funded study is being carried out at hospitals in Portland, Los Angeles and San Diego. Portland hospitals participating are University Hospital, Veterans Administration Medical Center, and St. Vincent Hospital and Medical Center.

One-hundred-twenty adult patients with chronic cardiac or renal illness will

be included in the project by 1980.

Why do so many chronically ill patients fail to comply with their regimen for taking medications?

According to Dr. Rawlinson, the reasons are many — ranging from unpleasant side effects from the prescribed medications to burdensome costs. "We know that as patients are put on more complicated regimens, they are less likely to comply."

"But mostly," she said, "the patients don't have the information they need. We're talking about more than just rote compliance; we're talking about good decision-making. They can't make good decisions when they don't have the information."

She emphasized, "One of the big contributors to compliance is a good relationship between the health professionals and the patient. If there is a good relationship with the health team and good communication, there is more apt to be adherence to the medical regimen."

Part of that good communication, Dr. Rawlinson believes, is teaching the patient in a way that will prove effective. Modern teaching techniques tailored to the learner have their place in the hospital room as well as the classroom, she said.

In Dr. Rawlinson's study, which currently involves cardiac patients only, three teaching strategies are being tested. Each selected patient is assigned a strategy at random.

Strategy No. 1 is the one-to-one "lecture" style of teaching in which the attending health professional tells the patient how and when he should take his medications. (For the study, specially trained research assistants take the role of teacher.) This is the standard style in most hospitals, Dr. Rawlinson noted, and the health professional has full control of the teaching procedure.

The second strategy of instruction is a dialogue, with the health professional and patient sharing control. The professional not only answers questions from the patient but poses them: "How do you think you'll be able to take your medication at work? Do you feel confident about taking

your own pulse?"

For the third strategy, the patient learns mostly on his own by using audiovisual materials and literature available in his room. "Drug boards," samples of medications encased in plastic, illustrate the proper dosages. The patient has full control of this teaching situation, Dr. Rawlinson said, although the instructor is available to help out.

Before any of the teaching strategies are put to work, the patients have to undergo a series of evaluations.

First they're screened for certain characteristics such as age, stage of illness, memory and prior knowledge of their medications.

Then research assistants interview the selected patients about factors like education, income and employment — all of which can affect their ability to follow a medical regimen.

Next come standardized personality tests. These are designed, Dr. Rawlinson said, to bring out information such as how the patient copes with stressful situations.

Both before and after the teaching sessions, the patient is tested for his knowledge of taking medications.

"We know that the number of needless readmissions to the hospital will be reduced if patients are better informed to care for themselves."

Finally, Dr. Rawlinson said, a research assistant makes a followup visit to the patient's home two or three weeks after release from the hospital. Besides being tested for his retention of knowledge, the patient is interviewed about how and when he takes his medications, where he stores them, and other information.

"We're looking not only at knowledge, but at behaviors," Dr. Rawlinson pointed out.

Later in the study, she will analyze the relationships between the patients' characteristics and the teaching strategies they received — to determine which combina-



Teaching a University Hospital patient how to be a better decision-maker about taking medications is Denise Demaray, R.N., a research assistant in Dr. May Rawlinson's study. Three teaching strategies are being tested.

tions produced the best learning.

"The impact is that a patient profile will be developed that has implications for which teaching strategy is administered to the individual patient," Dr. Rawlinson said. "We hope to produce a simple yet accurate assessment instrument, which could be used generally by teachers of patients."

Dr. Rawlinson continued, "The implications of this kind of research are far-reaching. If a patient fails to adhere to his prescribed regimen, then the treatment itself can become an additional health problem."

Noncompliance takes an untold toll in physical, emotional and financial suffering, she noted.

"We know that the number of needless readmissions to the hospital will be reduced if patients are better informed to care for themselves."

Ophthalmology registry keeps an eye on drugs' effects

From mild painkillers to birth control pills to psychedelic agents, almost 4,000 drugs are known or believed to cause side effects in the eye.

Keeping close surveillance on such drugs is the purpose of the new National Registry of Drug-Induced Ocular Side Effects, headquartered at the UOHSC department of ophthalmology.

The registry has been developed with a recent \$244,000 grant from the Food and Drug Administration to the ophthalmology department.

The registry is the brainchild of Dr. Frederick Fraunfelder, chairman of the department, who started the project over three years ago while working at the University of Arkansas for Medical Sciences, Little Rock.

Drugs for the eye that cause side effects elsewhere in the body are included in the national registry at the HSC department of ophthalmology.

"To my knowledge, ophthalmology is the first group of specialists to develop a national system of this type for self-regulation," said Dr. Fraunfelder. "It's been so successful that the FDA has been looking at this as a prototype for other specialties as well."

"Probably the second most common cause of a drug's not making it to human trials is adverse effects on the eyes."

Physicians who observe or suspect drug-induced ocular side effects in their patients send that information to the national data bank. "In this way," explained Dr. Fraunfelder, "a flagging system can be developed to identify those drugs which commonly produce ocular side effects."

In past years, physicians who suspected drug-induced side effects in their patients

were required to report their findings to the FDA. An investigation would follow. "Under a system of self-regulation, we're hopeful that physicians will feel more comfortable about reporting individual observations," Dr. Fraunfelder said.

The registry is concerned chiefly with systemic drugs that affect the eye. For instance, Valium — probably the most commonly prescribed drug in the world — sometimes causes inflammation of the conjunctiva (the lining of the back of the eyelids and the surface of the eye).

However, the registry also deals with drugs for the eye that cause side effects elsewhere in the body. An example is an eyedrop called topical ocular phenylephrine, which has been known to cause severe cardiovascular abnormalities in infants and elderly people.

"Probably the second most common cause of a drug's not making it to human trials is adverse effects on the eyes," noted Dr. Fraunfelder. (The number one cause is adverse effects on the liver.) "Of the past four world catastrophes involving major drug problems, including thalidomide, all involved the eye."

In conjunction with the national registry, the department of ophthalmology is operating a clearinghouse which physicians from all over the United States can

call for information about eye-related drugs. The clearinghouse is supported by the American Academy of Ophthalmology.

"We're now really an international center for the study of drug-induced ocular side effects because we have 24 other countries sending us information or requesting it," Dr. Fraunfelder pointed out. "It all comes here. This registry is a real boon for the department and is excellent for the Health Sciences Center."

The HSC department of ophthalmology will continue to be in the international spotlight. Next March, it will co-sponsor a world conference in Portland on drug-induced ocular side effects and ocular toxicology.

Dr. Fraunfelder's idea for the national registry was born during a sabbatical in England, when he observed the British National Health Service's attempt to maintain a registry of adverse effects from drugs used in general medicine in a hospital setting. "From this," he said, "I got the idea of having physicians be on the lookout for adverse effects on a specialty basis and in an inpatient and outpatient setting."

He added, "Now the British are sending one of their representatives over to study our system!"

Grant boosts learning in ethics, costs

HSC medical students will be learning more about cost containment and ethics, thanks to a \$45,000 grant from the W.K. Kellogg Foundation of Battle Creek, Mich., and the National Fund for Medical Education (NFME).

The two-year grant to the School of Medicine will support implementation of a curriculum in ethics and cost containment. It will provide additional support for the School's program in cost containment education begun under the stimulus of a grant from OPS/Blue Shield of Oregon.

According to Dr. Michael J. Garland, director of the program, the project's goal is to increase student awareness of medical costs while encouraging inquiry into ethical issues rooted in the pursuit of high-quality, cost-effective medical care.

The unusual project integrates the study of cost information and ethical responsibility into required course work throughout the four-year curriculum, through lectures, seminars and case studies. The use of computer-based simulations is being considered. Some new elective courses also will be created.

The Health Sciences Center received a \$100,000 grant from OPS/Blue Shield in January 1978 to develop and carry out a program designed to make future physicians aware of their responsibility in controlling medical costs.

Dr. Leonard Laster, HSC president, views both awards as essential to effective training in cost containment.

"There is an obvious and urgent need to limit the growing costs of health care," he said. "The OPS/Blue Shield grant assists the University in sensitizing future physicians to their role in this national issue. The Kellogg/NFME grant, on the other hand, is designed to enhance the awareness of medical students about the ethical and moral dilemmas that will arise as physicians assume greater responsibility for efforts to reduce health care expenditures."

Founded by breakfast cereal pioneer W.K. Kellogg in 1930, the Kellogg Foundation is among the five largest private philanthropic organizations in the nation. It supports pilot projects in the areas of health, education and agriculture on four continents.

Got a new address?

Keep HSC News coming to your home by letting us know if you've moved!

Please send your new address — along with the mailing label from your last issue of HSC News, if possible — to the Office of University Relations, Mackenzie Hall Room 1160, University of Oregon Health Sciences Center, 3181 SW Sam Jackson Park Road, Portland, OR 97201.

Newsmakers

Frances Morse, director of admitting at University Hospital, has successfully completed the national accreditation examination for admitting managers. The exam is administered by the National Association of Hospital Admitting Managers. Only 125 admitting managers in the United States are accredited, according to Barbara Jacob, assistant administrator of University Hospital.

Elizabeth Washington, R.N., head nurse in the psychiatric crisis unit of University Hospital, has been elected president of the Oregon State Board of Nursing. She is active in the Oregon Nurses Association

and serves on the UOHSC Affirmative Action Committee and the Ethnic Nurses' Advisory Council. Mrs. Washington is enrolled in the School of Nursing's baccalaureate degree program.

Dr. Stephen LaFranchi, assistant professor of pediatrics and head of pediatric endocrinology, has received the Joseph B. Bilderback Faculty Teaching Award from the pediatric house staff. The award recognizes exemplary clinical teaching and patient care.

For the second year in a row, Dr. Walter McDonald and Dr. John McNulty have received the teaching awards given by the house staff of the School of Medicine department of medicine. Dr. McDonald, associate professor of medicine, chief of medicine at the Veterans Administration Medical Center and vice chairman for departmental affairs in the department of medicine, earned the award for a senior

faculty member. Dr. McNulty, assistant professor of medicine, division of cardiology, received the award for a junior faculty member.

Dr. Ransom Arthur, dean of the School of Medicine, and Dr. Frank Yatsu, professor and chairman of neurology, were featured at the second annual Paul Thornton Shaw Memorial Lecture Series on geriatric medicine Sept. 28-29 in Portland. Dr. Arthur moderated a session, and Dr. Yatsu spoke on "Transient Ischemic Attacks of Brain and Strokes."

Five School of Medicine faculty members have been elected to positions in the Oregon Heart Association. New vice president is Dr. James Metcalfe, professor of medicine. Serving on the board of directors are Drs. Frank Kloster, professor of medicine and head of cardiology; Beatrice K. Rose, associate professor of public health and preventive medicine; J.

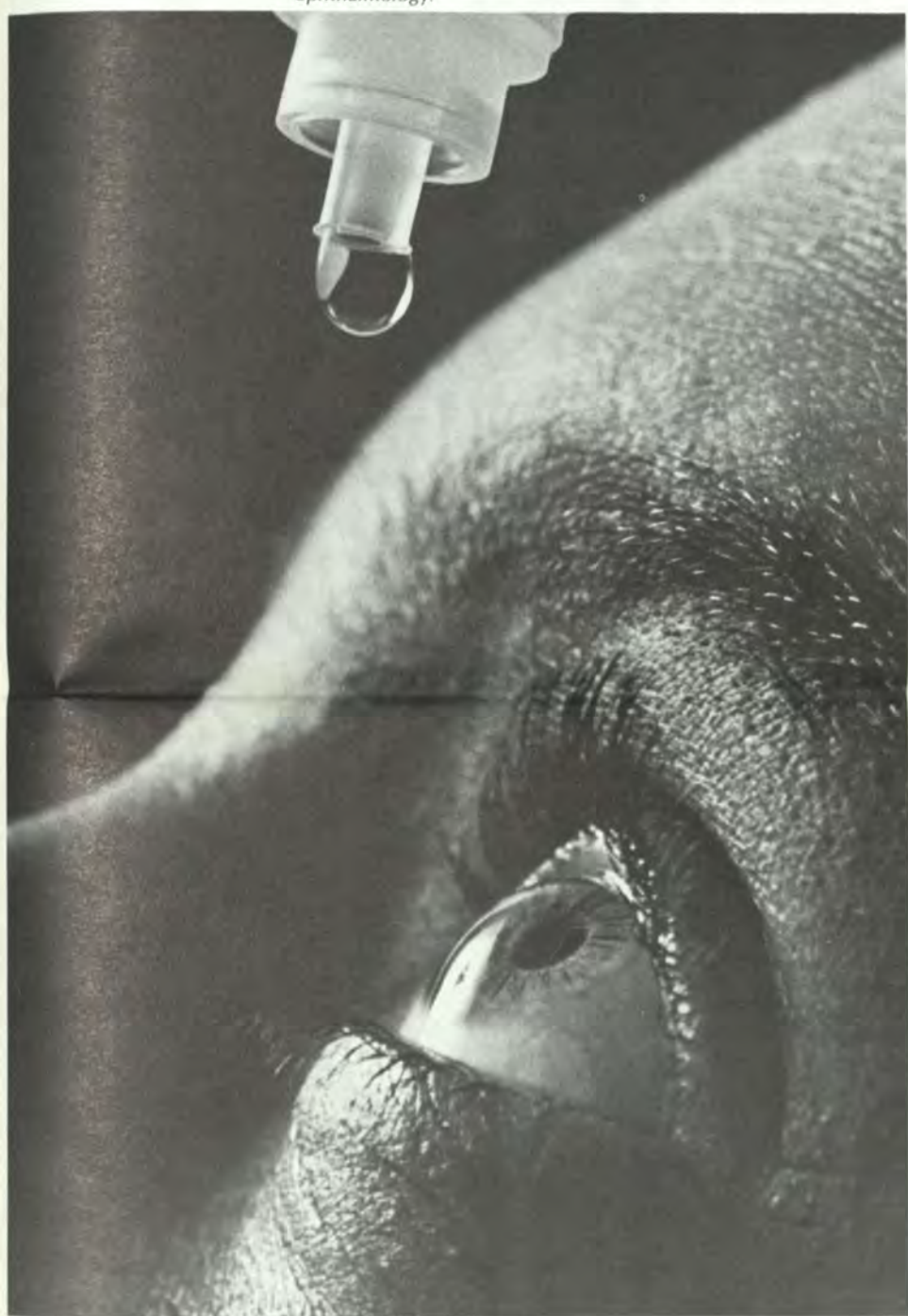
Job Faber, professor of physiology; and John Van Bruggen, professor of biochemistry. Drs. Kloster and Rose also were elected to the executive committee.

Dr. William Moss, professor and chairman of the department of radiation therapy, has been elected to the executive committee of the Oregon Radiological Society, Inc.

Dr. Delbert Kole, a 1962 graduate of the School of Medicine and former faculty member in the department of psychiatry, is the new director of the Washington State Division of Mental Health. Before taking his new position, Dr. Kole had been special assistant to the director of the National Institute of Mental Health.

Dr. Wendell Klossner, a 1953 graduate of the School of Medicine, is serving as president of the Medical Society of Santa Barbara County, Calif.

Photo by Patrick Wallace



Cystic fibrosis camp is breath of fresh air for kids

Like most any kids at summer camp, the group of youngsters enjoyed testing the morning chill of the swimming hole, tie-dyeing T-shirts and getting their hands gooeey at the potter's wheel.

But these children were different from the usual young campers.

They all have cystic fibrosis, the most serious of all lung-damaging diseases affecting children and young adults.

The 37 children and teen-agers were participating in a special camp Aug. 5-11 coordinated by the UOHSC department of pediatrics' Cystic Fibrosis Center. Most of the campers receive treatment at the center.

Although the specific cause is not known, cystic fibrosis (CF) is inherited and incurable. It affects one of every 1,600 children in the United States; a child can inherit the disease when both parents are carriers of the recessive CF gene.

Cystic fibrosis produces thick, sticky mucus which clogs the lungs, causing breathing difficulty and repeated infection. It also affects the digestive system and interferes with the flow of pancreatic enzymes. The average life span for CF patients is 20 years, although many now survive further into adulthood.

Held at Camp Adams, some 30 miles southeast of Portland, the annual camp was started a decade ago by the UOHSC Cystic Fibrosis Center.

"It was thought," said Dr. Michael Wall, co-director of the center, "that most of these kids probably wouldn't do too well in a regular camp. They have to take medication and get physical therapy, and they'd feel 'different.' For many of them, their exercise tolerance isn't as good as for normal kids. And they need a special diet (low in fat, high in protein).

"Also, the camp gives them a chance to socialize with each other, and they learn more about their disease when they're around other kids who have it," said the assistant professor of pediatrics.

For most of the young people, physical therapy is a twice-a-day routine. It involves lying head downward on a sloping surface while another person pounds the torso to loosen the excess mucus.

As in previous years, several of the counselors at this summer's camp have cystic fibrosis themselves. A nurse, physical therapist, respiratory therapist and resident physician, all from the HSC, were among the all-volunteer staff, and Drs. Wall and Annie B. Terry, co-directors of the Cystic Fibrosis Center, also helped out. Camp director was Dr. Richard Cohen, pediatrician at Bess Kaiser Hospital and former resident at the HSC.

"I think it's a really positive experience for most of the children," Dr. Wall said of the camp, which is financed by donations. "They really love it, and they talk

about it all year. They form friendships that carry on for a long time.

"And, of course, it's a chance just to get outdoors for a week that they normally wouldn't have."

At right, campers try out the chilly creek water; below, Ken Davis, HSC physical therapist, helps a youngster breathe more easily.



Board lends ear to HSC concerns

(continued from page 3)

mix of patients in order to provide sufficient teaching experiences as well as to achieve equity and competitiveness of patient charges.

He also discussed with the board capital improvements in the hospital which will occur during the biennium, and outlined the need for a five-story addition to the C wing of the south hospital. This addition would permit development of a perinatal center adjacent to the present Neonatal Intensive Care Center, consolidation of radiology operations and remodeling in ophthalmology and would allow other consolidations and improvements to meet standards of care and accreditation, achieve future cost savings and provide a level of operation and amenities expected by patients.

Dr. John Brookhart, who retired in July as chairman of the department of physiology in the School of Medicine, was introduced as the acting vice president for academic affairs. Board members were told that a national search for a permanent vice president will be instituted shortly.

At the close of the sessions, Dr. Laster said he was pleased to have received many comments from board members indicating they were favorably impressed by the evidence of planning and preparation that undergirded the presentations.

"The same teamwork by all units of this institution and by its friends in the community that helped us through the legislative session so successfully was well in evidence when we arranged for the board's visit," he said.

Free dental care for state employees

(continued from page 1)

whether the 20 percent co-payment provision of the old insurance plan had caused some employees to postpone needed dental treatment.

Some private carriers of dental insurance have expressed interest in the new program, Eugene Bauer, associate dean for administrative affairs in the School of Dentistry, said.

The dental clinics opened for the new year Sept. 20, and state employees can make appointments at the dental clinics' admissions desk (225-8867).

Brochures show that Center gets around

What does Malheur County over in Oregon's southeast corner — home of the Snake River, livestock herds, sugar beets and thundereggs — have to do with the University of Oregon Health Sciences Center in Portland?

More than you might think.

In the past fiscal year, for example, 71 people from Malheur County and its neighbor to the north, Baker County, were admitted to University Hospital. Residents

The brochures describe how the Health Sciences Center serves as a health resource for the entire state of Oregon.

made 18 visits to the hospital's emergency room and 193 visits to the Outpatient Clinic. Eleven students from both counties were enrolled in the UOHSC's baccalaureate and graduate programs. And, 32 alumni from the UOHSC make their home in the two counties.

These are just a few of the statistics revealed in a series of brochures that describe how the Health Sciences Center serves as a health resource for the entire state of Oregon.

Focusing on each of Oregon's 36 counties, the brochures show that the Center's educational programs, patient care activities and research efforts reach every part of the state.

"Copies of the facts booklets have been

mailed to governmental officials, health professional organizations, and media representatives throughout the state and given to HSC guests," noted Mary Ann Lockwood, acting executive assistant to the HSC president.

"The response has been excellent, including a number of requests for additional copies to be distributed locally; there have been news stories based on the services provided by the HSC as well as requests for speakers."

Here are some random samplings from the county fact brochures:

— Among the health professionals practicing in Multnomah County (Portland) are more than 1,900 alumni of the UOHSC. Lane County has 339 alumni; Douglas, 72; Clatsop and Columbia, 78; Klamath and Lake, 62; Grant and Harney, 17.

— In the past fiscal year, 1,335 people from Washington County were admitted to University Hospital, and residents made 1,961 visits to the hospital's emergency room and 10,709 visits to the Outpatient Clinic. The figures for Benton County were 171, 23 and 429; for Coos and Curry, 289, 51 and 674; for Umatilla, 182, 37 and 474.

— Enjoying successful results from the HSC's kidney transplant program are 112 persons in Multnomah County; five in Crook, Deschutes and Jefferson; eight in Linn; five in Klamath and Lake.

— Calls received at the Oregon Poison Control and Drug Information Center between January and June 1978 numbered

735 from Clackamas County; 133 from Lincoln and Tillamook; 81 from Josephine; 67 from Morrow, Sherman, Gilliam and Wheeler; and 37 from Union and Wallowa.

— In the past six years, 864 babies from Multnomah County have been admitted to the University Hospital Neonatal Intensive Care Center. Twenty-one babies have been admitted from Polk, 29 from Jackson, and 48 from Hood River and Wasco.

— Since the Elks Children's Eye Clinic opened in 1949, it has treated 7,563 children from Clackamas County, 747 from Coos and Curry, 929 from Umatilla and 1,269 from Douglas.

— UOHSC dental clinics serve more than 20,000 patients each year, including 2,200 children. Among the patients are 1,200 from Marion County, 2,600 from Clackamas and 1,600 from Washington County.

— Crippled Children's Division clinics help more than 10,000 active patients, among them 2,100 youngsters in Multnomah County, 193 in Umatilla, and 4,000 in Coos, Crook, Curry, Deschutes, Douglas, Harney, Jackson, Jefferson, Josephine, Klamath, Lake and Lane counties.

Printed in a rainbow of colors, the county fact brochures also discuss special outreach programs, research, and support from the community.

A limited number of brochures is available from the first printing through the UOHSC Office of University Relations.

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