



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.

Board asks for \$36 million in program improvements

The Oregon State Board of Higher Education voted 9-2 to request up to \$36 million in program improvements for the 1981-83 biennium from the Legislature. The vote came at the Board's March 28 meeting in Eugene.

Improvements to be sought in the education and general services portion of the budget include five System-wide requests. The UOHSC's top priority — improvement of faculty-student ratios — is included in System priority No. 2, "institutional requests."

The Oregon State System of Higher Education will also be asking for \$5 million

for libraries, \$4.5 million for facilities and maintenance, as well as funds for computing, research and instructional equipment. Individual institutional requests in each of the areas above, e.g. libraries, have been incorporated into the System-wide requests.

Also included in the \$36 million are program improvements for statewide public services, some of which are self-supporting, including the \$11.3 million request for University Hospital, the dental clinics and the Crippled Children's Division.

Although the Board approved the submission of the request, there was agree-

ment that the fate of the sizeable request is uncertain as it faces Executive Department and Legislative analysis and where it almost certainly will be trimmed.

In voting for the proposed budget, an attempt to deal realistically with the needs of Oregon's state-supported four-year colleges and universities, Board member Edward Harms, Springfield, said, "We may not get all of it, but it doesn't lessen the need."

Mr. Harms was supported by Edith Green who also encouraged the Board to continue its role of active support for budget requests. "If the Board is not an

advocate, where will advocacy come from?" We should be vigorous advocates if what we believe about the State System is true, she said.

Board President Louis Perry expressed concern over the decision, as did member Loren Wyss, Portland, who suggested that the "Board might be avoiding a tough decision." During the discussion he urged the Board to "first exercise its own discipline." Jonathan Ater, Portland, although voting for the large program improvement budget, pointed out that there are other high priorities for inclusion in the Board's budget including faculty salaries.

Hospital Week will salute health team (especially nurses)



"We're America's Health Team!" is the theme for the 1980 National Hospital Week May 11-17.

Several activities are planned at the Health Sciences Center to recognize the members of University Hospital's health team and, in a "Salute to Nursing," to pay special tribute to one key member of the team.

"At this moment," said Dr. Leonard Laster, HSC president, "when our national spirit is so troubled by the sad and frustrating events abroad, it is proper and timely for us to pause and to dwell on positive elements in our domestic lives. Much that is good and admirable in America is embodied in the efforts and contributions to human welfare that are made, day in and day out, by all those who staff hospitals throughout this land. These individuals do, indeed, constitute health teams that reach out to help sick and anxious patients with technical skills, with common sense, and with genuine concern."

"Springtime is the appropriate occasion to acknowledge and to thank all those who work in our University Hospital — the aides, cooks, nurses, orderlies, maintenance people, secretaries, admitting officers, volunteers, housekeepers, social workers, administrators, physicians, and all the others," Dr. Laster continued. "They work under variable circumstances and conditions, some excellent, some in need of improvement, but they consistently bring to their tasks a spirit and a

dedication to quality that reflects well on the entire University."

Dr. Donald G. Kassebaum, vice president for hospital affairs, believes this is a good time to give special recognition to the nursing staff, which contributes so significantly to the teaching hospital and which has been plagued with problems of wages and staffing shortages this past year.

"This is also a good time to demonstrate the positive benefits," Dr. Kassebaum said, "of working in the teaching hospital environment in which the School of Nursing and nursing service can complement and strengthen each other's role."

Anyone interested in learning more about the issues facing the nursing profession today is invited to attend a Hospital Week open house May 13 at University Hospital.

An open house to examine the "sweeping changes of the nursing profession" will be held at 7 p.m. Tuesday, May 13, in the cafeteria of University Hospital (north).

Anyone interested in learning more about the issues facing the nursing profession today is invited to attend. Nurses, whether currently employed or not, and who may be interested in a career at University Hospital, are especially invited.

Dr. Carol Lindeman, dean of the School of Nursing and the only nursing dean serving on the board of the American Nurses Association, will join Gale Rankin, director of nursing service and for the past three years a member of the Western Council of Nursing Directors of University Hospitals, in leading a panel discussion. They will be joined by Pam Hellings, director of continuing nursing education, and Ardys Hokeness, assistant director of nursing service.

The panelists will address many of the questions that are on the minds of health
(continued on page 5)

As invaluable members of the health team, nurses at University Hospital and Clinics such as Christie Geary (left), R.N. in the coronary care unit, are receiving a special tribute during the hospital's celebration of National Hospital Week. A story and pictures depicting the many different kinds of registered nurses at University Hospital and Clinics appear on pages 4 and 5.

Lung disease research seeks to save breath of life

"Some folk seem glad even to draw their breath," the English poet William Morris once wrote.

He could have been referring to people who suffer from emphysema and chronic bronchitis, which cause or contribute to 100,000 deaths in the United States each year.

A UOHSC researcher's work may mean that fewer people will have to worry about how they will draw their next breath.

Dr. A. Sonia Buist, associate professor of medicine and physiology in the School of Medicine, is conducting research on the natural history of chronic airflow obstruction. She's studying the risk factors in the development and process of chronic obstructive lung disease — specifically, emphysema and chronic bronchitis.

While virtually all victims of emphysema and chronic bronchitis have been smokers, Dr. Buist noted, there clearly are other, unidentified factors that made them susceptible.

According to Dr. Buist, the only risk factor that has been pinpointed so far is cigarette smoking.

"The causal relationship between cigarette smoking and chronic bronchitis and emphysema has been established beyond reasonable doubt. There is good evidence that a number of other host and environmental factors may also be involved, but the exact nature of the relationships is not yet understood," she said.

Dr. Buist pointed to the now-familiar risk factors of heart disease such as high-cholesterol diet, stress and obesity. "Those risk factors were identified by the same kind of long-term epidemiological studies that we're doing," she said.

The physician and her fellow researchers are following large groups of people over an extended period to try to find out which develop chronic obstructive lung disease and why. Funding the study is a five-year grant of \$484,000 from the Lung Division of the National Heart, Lung and Blood Institute.

While virtually all victims of emphysema and chronic bronchitis have been smokers, Dr. Buist noted, there clearly are other, unidentified factors that made them sus-

ceptible. "Although the lungs of smokers tend to age faster than those of non-smokers, by no means do all smokers develop enough impairment of their lung functions to cause definite clinical disease," she said. "In fact, out of 100 smokers, only about 15 will develop enough disease to cause shortness of breath. Only some of those 15 will die from the disease."

Besides smoking, the factors that have been linked most convincingly with emphysema and chronic bronchitis are heredity, childhood influences, air pollution and occupation.

Heredity may play a role, Dr. Buist said, in that the genetically determined lack of a blood factor called alpha₁-antitrypsin has been found to be associated with a severe form of emphysema.

As to childhood influences, there is strong evidence, for example, that respiratory tract infections in childhood may be tied to chronic respiratory disease in adulthood, she noted. "If subsequent studies confirm this association, we will have a rational approach to the problem of prevention."

Air pollution also is suspect. There's no indication that air pollution by itself can cause chronic bronchitis and emphysema, Dr. Buist said, "but in the smoker, air pollution may be important." The pollution may act "in some synergistic way" with smoking's stresses on the lungs' normal defense mechanisms.

Also putting a strain on pulmonary defense mechanisms are the dust and other irritants found in occupations such as construction and mining. These too may add to the smoker's lung stress.

"It would be very helpful for the clinician to be able to identify the characteristics of the high-risk or susceptible smoker," Dr. Buist said. "In practical terms, it would mean that intensive efforts to encourage smoking cessation could be directed specifically at this group, as ef-



forts are now made to modify the life styles of persons at high risk for coronary artery disease."

To ferret out risk factors, Dr. Buist is monitoring the lung functions and life styles of about 900 people over a period of 10 to 12 years. She is studying two populations — a group of people who were originally tested at the Oregon Lung Association's emphysema screening center, and a random sample of civil servants working for Multnomah County.

Dr. Buist sends out letters each year to keep track of the participants and has them come once every two years to the HSC lung research laboratory for breathing tests. She expects to wind up the studies by 1984.

The task involves a lot of sleuthing. "That's what makes or breaks an epidemiological study. We have been very successful in this dogged determination, like

Using an instrument called a spirometer, Dr. A. Sonia Buist measures the lung capacity of one of the participants in her epidemiological study. The testing is done in the HSC lung research laboratory.

the Mounties, to 'get our man,' " she said with a smile.

From 1974 to 1979 Dr. Buist took part in a collaborative study on chronic airflow obstruction with the University of Manitoba, Winnipeg, and McGill University, Montreal.

The HSC lung specialist was honored recently with a five-year Pulmonary Academic Award from the National Heart, Lung and Blood Institute. The \$165,535 competitive award creates a teaching allowance for Dr. Buist to design a four-year curriculum on the study of lungs and lung disease for the School of Medicine.

New blood vitalizes medical dean's office

While no one criticized the quality of work done by the office of the dean, School of Medicine, the Liaison Committee on Medical Education of the Association of American Medical Colleges was not impressed by its size. After the last accreditation visit, the committee noted bluntly in its report, "The dean's supporting staff is not adequate."

Today it is apparent the inadequacy is being addressed. A new associate dean for administration, whose appointment was announced April 14 by Dr. Ransom Arthur, dean of the School of Medicine, began duties on May 1.

In addition, the dean has completed a total restructuring of his staff. The office's new complement of volunteers and full-time members will work to strengthen the School's capability for progress and "help the School realize its potential by satisfying the great need which the dean's office has for sustained and wise counsel over an extended period," Dean Arthur said.

Appointment of the new associate dean completes the permanent, full-time dean's staff. Jack Murray Groves comes to the UOHSC from Southern Illinois University (SIU) School of Medicine, Carbondale, where he was assistant provost for administration.

Mr. Groves joined the SIU School of Medicine staff a year after the school was established in 1970, and spent nine years building its business operations. He has been responsible for management of the school's annual budget and for the management service functions of facilities, staff services, grants and contracts, campus security, budgeting, data processing and the clinical business office.

Dean Arthur describes him as "a highly competent and able administrative officer."

Mr. Groves is a graduate of Southern Illinois University, where he received a B.A.

in mathematics and an MBA in management. His professional memberships include the Group on Business Affairs of the Association of American Medical Colleges and chairmanship of the organization's professional development committee. He has made presentations about medical school and medical center budgeting to various groups.

When contacted by HSC News at his Springfield, Ill., office, Mr. Groves said he had enthusiastic plans for the UOHSC School of Medicine.

"I hope to provide good, solid management and business administration that will support the goals of the dean of the School of Medicine and the president of the Health Sciences Center. They need the best information possible on which to base their decisions," he said.

Mr. Groves joins a full-time staff composed of Dean Arthur; Dr. M. Roberts Grover, associate dean; Dr. Michael Miller, associate dean for student affairs; and two fiscal officers, Marshall Rotstein and Patti Gustafson. Shirley Geis, Dorothy Jolly and Sheila Titus are support staff.

The dean's staff has been extended further by addition of faculty members who have volunteered to serve in a part-time advisory capacity. "They are undertaking these additional responsibilities without any compensation other than the satisfaction of helping the School," Dean Arthur said. He also stressed that the assistant deans will not diminish access of staff and students to the dean, but will serve as his counselors.

Dr. Robert Meehan, professor of pediatrics and director of the Outpatient Clinic, will serve as assistant dean for admissions. Dr. John Kendall, professor and head of the division of metabolism, will be assistant dean for research.

There will be two assistant deans for academic affairs. Dr. Richard Jones, professor



JACK MURRAY GROVES
new associate dean, School of Medicine

and chairman of biochemistry, will advise on basic sciences, and Dr. James Shore, professor and chairman of psychiatry, on clinical sciences.

Dr. Marion Krippaehne, professor of medicine, will be an assistant dean taking on a wide variety of duties. Dr. Peter Bentley, professor of biochemistry, will be assistant dean for planning.

Dr. Arthur said he is confident that the addition of full-time and volunteer staff will help the School progress "in a steady, sound and sure way. We require both splendid academic and managerial efforts and this team will help all of us — students, staff and faculty — accomplish our goals and move us closer to the realization of our aspirations."

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Grant helps open up dental care to people with hemophilia

For some people with hemophilia, a session in the dentist's chair has ended in a hospital bed.

In past years, having a tooth extracted could result in life-threatening complications for persons with the hereditary blood disease, which is characterized by greatly prolonged coagulation time. The blood fails to clot and abnormal bleeding occurs.

The increased availability of blood and blood products to prevent bleeding has

remedied the problem. Still, health professionals giving dental care to persons with hemophilia need to understand the difficulties inherent in the disease, noted Dr. Lawrence Wolff, assistant professor of pediatrics and assistant director of the Hemophilia Center at the Child Development and Rehabilitation Center.

Dr. Wolff has received a one-year grant from the U.S. Public Health Service to assist dentists and other health professionals in providing dental care for persons with hemophilia. Also included is instruction for the patients themselves and their families.

According to Dr. Wolff, the grant gives a boost to the Hemophilia Center's outreach program in Oregon and neighboring states.

"The philosophy of our program is that we want the patients to obtain their care

in their communities, and we want to support the community health care providers, as much as possible," he said.

Goal of the Hemophilia Center is to secure comprehensive care for the health needs of those with hemophilia — and dental care is one of the most frequent needs.

A dentist should know, Dr. Wolff said, what support he can expect from a physician, emergency room, coagulation lab or blood bank; likewise, a physician needs to know how a dentist can help with the overall quality of health.

The grant helps a Hemophilia Center team travel to other communities to consult with health care providers, patients and their families. One of 17 federally funded hemophilia centers in the United States, the UOHSC center serves some 300 patients in Oregon, southwest Washing-

ton, Idaho and Alaska.

Joining Dr. Wolff and others on the outreach team is Dr. Donald Porter, professor of pedodontics and a dental consultant for the Hemophilia Center.

For those with hemophilia, "Problems in and around the mouth start early," Dr. Porter said. "One of the most frequent areas of bleeding in the infant is from the oral cavity. Bitten tongues and torn tissue in the mouth are frequent in the infant learning to walk."

The consequences used to be severe — many young children with hemophilia died of oral bleeding, before blood and blood products became readily available.

Today, besides local measures to control the bleeding site, health professionals can give infusions of replacement factors which allow the blood to clot.

Sometimes, dental procedures themselves can trigger bleeding, as when the needle of a syringe with local anesthetic damages a blood vessel.

And replacement factors aren't cheap. "In patients with hemophilia, the cost of extracting a tooth could easily exceed the cost of treatment to save the tooth," Dr. Porter said.

For those reasons, the Hemophilia Center stresses the importance of preventive dental care. "The better oral hygiene a patient maintains, whether he be 3 years of age or 33, the fewer times a dentist or dental hygienist will have to do certain procedures," Dr. Porter said.

He continued, "Dental care for persons with hemophilia only requires planning and preparation. By and large, as I look at our hemophilia population, their oral health is probably superior to what one would expect in the general population, because they get continued reinforcement of preventive practices."

Hemophilia is a sex-linked, recessive hereditary disorder occurring in one in 5,000 live male births.

Fortunately, Dr. Porter said, "Oregon certainly has a lot of dentists who want to take care of persons with hemophilia." More than one out of 10 is receptive to advice on treating people with hemophilia, and the Hemophilia Center maintains a 24-hour call service to help the health care provider in the community.

Carefully checking the dental health of a young man with hemophilia at the Child Development and Rehabilitation Center are Dr. Donald Porter, professor of pedodontics and a dental consultant for the Hemophilia Center, and Cathy Golden, a dental hygienist at University Hospital. The Hemophilia Center stresses the importance of preventive dental care for persons with hemophilia.



Medical students have day in court as 'expert witnesses'

"You do solemnly swear that the testimony you are about to give in this case shall be the truth, the whole truth, and nothing but the truth, so help you God."

Some UOHSC medical students are answering to that oath long before taking the Hippocratic Oath.

They're students who serve as medical "expert witnesses" in moot court, a mock court in which law students argue hypothetical cases for practice. The medical students work with their fellow professionals-in-training from Northwestern School of Law at Lewis and Clark College.

Volunteering their medical know-how, the UOHSC students play the role of physicians providing medical testimony.

All the cases are adapted from actual ones. The trials, complete with a real judge, take place in the Multnomah County Courthouse.

"The students usually come back and tell me that it was a very valuable experience," said Nancy Dahl, who, as administrative assistant to Dr. Michael Miller, associate dean for student affairs in the School of Medicine, helps line up third- and fourth-year students for the trials. "They say they're going to have to do this some day anyway, and it's good experience for them to do it in a little less critical situation."

Senior Steve Parker is one who recently had his day in court. His case involved a

young woman who was suing some people for personal injuries she sustained in an assault.

Testifying for the prosecution, Mr. Parker had the air of a well-versed M.D. as he described to the jury the serious injury to the plaintiff's lower jawbone.

He had only a few days to bone up for the case, but in the process learned more than he'd ever hoped to know about mandibular injury.

"I looked at textbooks, reviewed my anatomy and read a little bit in an ENT (ear, nose and throat) general textbook about fractures of the mandible, learning where those commonly occur and what the complications are," he recalled. "I

talked with an ENT surgeon and ENT residents. I also consulted a neurologist and a neurosurgeon about injuries to the nerves."

For the finishing touch, he checked a book on courtroom etiquette. "I felt I was representing the medical community and it was important to do that well," he said.

Senior Jeff Fullman is another medical student who volunteered to take the witness stand in a moot trial. He testified for the prosecution in a case involving a man with diabetes who had been charged with driving while under the influence of intoxicating liquor.

"I had to find out what effects alcohol would have on an insulin-requiring diabetic and how those effects would manifest themselves in his behavior," Mr. Fullman said. "The main defense the attorneys were using was that the ketones given off in a diabetic's breath can affect the breathalyzer and maybe make someone's blood alcohol level appear higher than it actually is."

Besides being a good refresher course on diabetes and the effects of head trauma on behavior, he said, his courtroom stint provided good experience in the judicial system.

"It was a real-life experience done very professionally," Mr. Fullman noted. "The law students I worked with were really nice about it and very appreciative of the medical students' doing this. They treated us as if we were doing them a favor, but they were doing us a favor, too, so it was a mutually beneficial situation."

Green-thumbbed volunteers sought for spring plant-in

Staff, students, faculty and friends of the Health Sciences Center are being invited to lend a hand at beautifying the campus.

A sure sign that spring has arrived on the UOHSC campus is the upcoming Second Annual Annual Plant-In.

Eighty to 100 green-thumbbed volunteers are needed to plant nearly 9,000 annuals, from asters to zinnias, around campus at the Saturday, May 17, event.

The volunteers will meet at the fountain in front of Mackenzie Hall at 9:30 a.m. and

will set to work at 10 a.m. They will be rewarded with a box lunch at noon.

In recent years, budget cuts have severely limited the maintenance of campus grounds. No additional funds are available for extensive efforts at campus beautification, and thus volunteers again are being marshaled.

Volunteers have grown 8,806 plants in the HSC greenhouse for the plant-in. Funds for buying the seeds and bulbs were raised at the Valentine's Day tulip sale and the Holiday Bazaar, both coordinated by the volunteer services department.

Plant-in participants will take spades

and trowels to all the flower beds around campus. About half the beds were planted at the First Annual Annual Plant-In last summer, and perennial beds were planted at a similar event last fall.

Flora to be planted are asters, petunias, marigolds, daisies, dwarf dahlias, geraniums, coleus, begonias, fuchsia trees, zinnias, ageratum, alyssum, lobelia, verbena, lantana and impatiens.

Coordinating the gardening get-together in May is Norman Ray, HSC grounds superintendent. Anyone wishing to volunteer is asked to call him at Ext. 8037 or 8050.



Nurses at University Hospital and Clinics are on the job day and night, in many different roles. In large photo on this page, Lori-K. Roberts, an evening charge nurse, checks on a patient who is about to go to sleep for the night. Registered nurses in other photos, from top to bottom, are Jim O'Malley, pediatric clinical specialist; Joan Bailey, nurse epidemiologist; and Patricia deGarmo, adult nurse practitioner.



Nurses at University Hospital show they care in many ways

"A nurse is a nurse is a nurse."

That old idea is as misleading as the University Hospital nurses' roles are many.

Although the familiar white starched caps appear less often now, nurses at University Hospital and Clinics do wear numerous different hats.

The hospital's and clinics' approximately 600 registered nurses do everything from tending patients' vital signs, to teaching nursing students, to transporting critically ill children to the hill for care. Both generalists and specialists make up the nursing staff's ranks.

"I feel really good about the direction that nursing is going," said Gale Rankin, director of nursing service at University Hospital. "I'm glad to see the opportunities increasing for nurses to enter various specialties, and am happy that so much emphasis is put on the state of wellness. I just wish there were more of us of all kinds in active practice!"

What kinds of R.N.'s serve at University Hospital and Clinics?

Mrs. Rankin, her assistant nursing director Ardys Hokeness, and Maureen Whitman, assistant to the School of Nursing dean, offered the following descriptions:

The ubiquitous but unsung hero of the hospital nursing team is the *staff nurse*. Whether working in a pediatric ward or a surgical intensive care unit, she (or he) represents the continuity of care so important to patients.

When a patient enters the hospital, the staff nurse is there to help admit him and

ease his anxieties. She's there at time of discharge to make sure he understands how to take his medications once he gets home.

Carrying out doctor's orders for treatment is a vital part of the staff nurse's task, but only a part. She also is responsible for independent nursing care of the patient helping a bedridden patient keep her

Although the familiar white starched caps appear less often now, nurses at University Hospital and Clinics do wear numerous different hats.

joints limber, assisting with personal hygiene, comforting a patient who is about to enter surgery.

She must keep a keen eye on changes in the patient's signs and symptoms, document them and interpret those observations to the necessary people, such as doctor, clinical specialist or social worker.

All those skills, plus the ability to speak in a whisper and walk on tiptoe for hours on end, are required of the *night nurse*. This staff nurse strikes a delicate balance between letting the patient sleep and monitoring his condition. Her judgment must be sharp, for she works in the dark and has fewer professionals around to call on than do daytime nurses.

If the night nurse must be able to walk on tiptoe, the *float nurse* almost has to be able to walk on water. Flexibility is her byword. One day she may be taking care

of a 2-year-old in the pediatric ward, the next day treating an 80-year-old in the medical ward. She adapts constantly to different schedules, staff and equipment.

"Please get somebody, now!" is a familiar cry to the *staffing office nurse*, who's in charge of assigning the float nurses to the units where they are needed. She redistributes the help at least every eight hours.

Another nurse who is at everybody's beck and call is the *nursing coordinator*. As the representative of nursing administration after-hours and on weekends, she may be summoned to answer questions about patient care, smooth out employee problems or even dash to the storeroom for extra supplies.

The steadying hand and manager of a patient care unit is the *head nurse*. Her tasks are myriad — organizing the unit, making out schedules, counseling nurses, procuring supplies, carrying out hospital policy in her unit, and sometimes even stepping in to give bedside care.

Handling the chores of the head nurse during off-hours is the *charge nurse*. Often, staff nurses on a particular unit take turns on the assignment.

An R.N. who takes on a different and special kind of management duty is the *transport nurse*, who provides one-on-one care for critically ill infants and children as they are transported to University Hospital's tertiary care facilities. Her job carries her to communities all around the state.

When a nurse needs help with a specialized problem in patient care, a master's-prepared R.N. known as the *clinical specialist* may have the answer. University Hospital has clinical specialists in psychiatry, oncology and pediatrics and is seeking them in critical care and perinatal care.

Another specialist who's a reassuring sight around University Hospital is the *nurse epidemiologist*. It's her job to contain the spread of infection, protecting both patients and hospital staff. Her duties range from monitoring techniques of isolation to checking bacteria cultures in the lab.

An R.N. who has to be braced for anything, from infections to heart attacks, is the *emergency room nurse*. She must possess excellent judgment and a knack for setting priorities. At University Hospital, all emergency room nurses do triage, the sorting of new patients for treatment according to the severity of their illness or injury.

In the hospital's intensive care units, the *critical care nurse* gives direct attention to patients facing life-threatening illness or injury. She must be able to operate highly technical, specialized equipment including life-support systems.

Working in a less intense environment is the *Clinical Research Center nurse*, who provides ongoing care to both inpatients and outpatients of all ages in a controlled setting of clinical study.

Goal of the *operating room nurse* is to

News-makers

Shirley Murphy, associate professor of psychiatric/mental health nursing, has been appointed chairman of a regional task force to study quality assurance and peer review in psychiatric nursing. The task force is one of several under the auspices of the Council of Specialists in psychiatric/mental health nursing of the American Nurses Association.

Dr. Arthur Brown, chairman of the School of Dentistry department of physiology and biophysics, has been elected chairman of the American Association of Dental Schools' Section on Physiology.

New editor of the 1980 Year Book of Plastic and Reconstructive Surgery is Dr. Stephen Miller, professor of surgery and chief of the division of plastic and reconstructive surgery.

Elizabeth Washington, head nurse for University Hospital (north) 1NW, has been reappointed to the State Board of Nursing by Gov. Victor Atiyeh. She will serve a three-year term on the board, to which she originally was appointed in 1977.

Dr. W.T. Shults, assistant professor of ophthalmology and neurology, has been appointed chairman of the section of neuro-ophthalmology, American Academy of Ophthalmology Continuing Education Program.

Gov. Victor Atiyeh has named Donna Schantz, associate dean for administration in the School of Nursing, and six other persons to the Governor's Committee on Public Health Services in Oregon. Duties of the committee will include examining and evaluating state and local health services for protecting the public health. Ms. Schantz also is director of the School of Nursing's outreach programs.

Linda Kaeser, associate professor, School of Nursing, has been appointed to the Board of Commissioners of the Housing Authority of Portland. She is the former chief officer of Oregon Adult and Family Services and was the first administrator of Cascade Health Care.

Dr. Walter G. Larsen, associate professor of dermatology, has been elected to the Board of Directors of the American Academy of Dermatology. He previously was secretary-treasurer of the academy and is currently on the editorial board of the new *Journal of the American Academy of Dermatology*.

Dr. William Morton, professor and head of the division of environmental medicine, has been appointed to the Scientific Review Panel for Health Effects Research funded by the U.S. Environmental Protection Agency. The panel meets quarterly to assess the scientific merit of applications for research grants dealing with effects on human health.

New fellow in the National Association of Hospital Purchasing Materials Management is Richard Mitchell, director of materiel management for University Hospital. Only 25 of the organization's 890 members have attained the fellowship level. Certification is achieved by accumulating points awarded for writing papers, attending continuing education courses in the field, and passing written and oral exams in the field of purchasing and materiel management.

Dr. J. Albert Browder, associate professor of the Crippled Children's Division and pediatrics, has been appointed to the Governor's Steering Committee on the

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Registered nurses pictured on this page, clockwise from upper left, are Barbara Frye, a head nurse; Peggy Manning, staff nurse; Gale Rankin, director of inpatient nursing; Bonnie Way, operating room nurse; and Betty Charles, in-service educator.

ensure a safe and efficient environment for surgery patients. Her activities range from allaying the fears of a patient awaiting surgery, to passing instruments to the surgeon or assisting the anesthesiologist, to checking up on the patient after the operation.

The outpatient staff nurse deals with many of the same diseases and problems that her hospital colleague does, but on an ambulatory basis. Educating patients about how to care for themselves is one of her main duties.

The Outpatient Clinic is also the setting for the nurse practitioner, a registered nurse who has taken additional training in a specialty area. She is responsible for planning long-range care of patients and their families, and can sometimes order medications and write prescriptions.

Bringing babies into the world is all in a day's work for the certified nurse midwife, another R.N. with specialized training. She manages the care of low-risk women before, during and after childbirth, usually performing the deliveries herself.

Serving as "shepherd of the flock" as she tries to make new nurses feel at home in the massive environment of University Hospital is the in-service educator. She does orientation for new nurses twice a month, always keeping a fresh outlook as she teaches them about hospital policies and procedures.

The R.N. who most thoroughly blends teaching and patient care is the clinical instructor. She brings student nurses to the hospital for clinical work and supervises them as they serve. The presence of the instructor and students keeps the hospital nursing staff infused with new ideas and

inspired to maintain high standards.

Overseeing inpatient nursing at University Hospital is the director of nursing, Gale Rankin. Besides seeing that top-notch nursing care is provided to patients, she supports the educational and clinical needs of the UOHSC's various disciplines, encourages professional growth and development of nurses, handles money matters, and represents the nursing service to the UOHSC and community. Nancy Seres is director of outpatient nursing, while operating room nurses work under supervision of Steve Pino, manager of surgical services.

If University Hospital and Clinics' registered nurses have many different roles, Mrs. Rankin said, they also have quite a

few things in common.

One is "a lot of hard work," she admitted with a laugh. "They also have a thirst for knowledge and a great deal of enthusiasm about developing a collegial relationship with all the various disciplines in a university setting.

"They're individuals who assume responsibility very well, and some of those responsibilities are quite extraordinary."

Mrs. Rankin continued, "The nurses are very much advocates for not only the patients but the families of patients. They're a very sensitive and compassionate group. All you have to do is walk down the halls and see the nurses with the patients to pick this up. It's more than just words; it's really there."

HSC to celebrate Hospital Week

(continued from page 1)

care providers and much of the public: What are the issues behind the current nursing shortage in hospitals and nursing homes? What is happening today in nursing education? What career opportunities does the profession offer? For those who have left nursing for whatever reason, what refresher skills are needed to return to the field? What special benefits does a University Hospital offer?

The open house also will feature tours to intensive care units, medical/surgical units, and obstetrics and pediatrics wards. Free child care will be provided by Volunteer Services, and refreshments will be served.

Special recognition is planned for some of the many outstanding nurses who work

at University Hospital and Clinics and the Crippled Children's Division. The chosen nurses will be selected on the basis of written nominations which describe why that nurse is a "special nurse." Anyone at the UOHSC may nominate a candidate — nurses, doctors, patients, employees of other departments who work with nurses.

The "special nurses" will be recognized, along with all hospital employees, from 2 to 4 p.m., Wednesday, May 14, in the cafeteria of University Hospital (north). The festivities will include special refreshments. Night staff for the hospital are invited to the cafeteria of University Hospital (south) from 1 to 2 a.m. Thursday, May 15.

More details will be posted around campus before National Hospital Week.

Department invites physicians to 'see us as we are'

The School of Medicine's department of medicine is conducting its own, quiet professional relations campaign.

It's called the visiting physicians program, and it brings internists from around the state to the UOHSC for an intensive two-day look at what goes on in the department.

"Oftentimes," said Dr. George Porter, chairman of the department of medicine, "the way practitioners see us is either on the circuit course or giving lectures or in some other continuing education orientation. But they don't often get an opportunity to find out other ways we can benefit them."

The department also benefits physicians around the state by giving consultation over the phone and taking referrals of patients. A visit to the department gives the M.D.'s a chance to observe the intensive education and advanced medical techniques of a large university hospital. And,

"We're trying to make the department a little more personal to the internists we're trying to serve."

in some cases, physicians can receive continuing medical education credits for their visits.

"It's not classical continuing medical education," Dr. Porter said of the visiting physicians program. "It's more an opportunity for them to, if you will, see us as we really are, and to put a face with a name heard over the telephone."

Launched last fall as a pilot project, the visiting physicians program came about because of concern that the department of medicine needed to improve its relationship with the statewide community of internal medicine.

Many of Oregon's 700 practicing internists, Dr. Porter said, simply aren't aware of the scope of the department's activities. Nor is the department aware of the broad needs of internists in various Oregon communities.

The program is geared mainly toward physicians from outside the Portland metropolitan area, who are less likely to be familiar with the department's activities.

"We're trying to make the department a little more personal to the internists we're trying to serve," said Dr. Porter. "We feel we have a little closer contact now with the practicing community."

On a typical visit to the hill, the guest physician is quickly made to feel right at home. He or she starts with a discussion with Dr. Porter and the chief resident, then sits in on the morning report, in which residents present selected cases to Dr. Porter.

Throughout the rest of the two-day stay he or she has the chance to attend rounds, lectures and resident conferences and to visit specialty clinics, diagnostic labs and



Dr. David Lieberman, chief resident in the department of medicine, shows a flexible sigmoidoscope to Dr. Kathleen M. Weaver of Portland, a participant in the visiting physicians program. The device is used for examining the sigmoid colon. Visiting physicians take part in the program at their own expense.

faculty members. Some visitors spend time with the HSC reference librarian to learn about library services. And there's time for a leisurely dinner with faculty members.

"The only thing they're requested to do is to give us a critique of their experience, both the pros and cons, and to provide us with the names of anybody in their community they think might enjoy this so we can invite them," said Dr. Porter.

So far, all eight of the visiting physicians have given the program good marks — and so have the department's faculty members.

"The faculty's really excited about it because it's giving them an opportunity for direct feedback with regard to what goes on in the community and how they can provide assistance to the practicing internist," said Dr. Porter. "General internists are an unrepresentative group in the metropolitan area because the number of subspecialties is so great, and thus it's an extremely sophisticated group of internists who practice in Portland. The sort of consultation we provide them is different from the consultation requests we're going to get from a community of 20- or 30- or 40,000 people."

Residents benefit, too, by having the chance to meet practicing internists from outside the Portland area. "Here they can

actually go on rounds with them, talk with them, and maybe get some flavor of what it's like to practice east of the mountains," Dr. Porter said.

The visiting physicians program is an outgrowth of a task force that the Oregon Society of Internal Medicine formed three years ago to help the department of medicine in its search for a new chairman. Dr. Porter gave much of the credit for the program to Dr. George B. Long, who headed the now-disbanded task force.

A Salem physician, Dr. William E. Drips Jr., had this to say about his trip to the hill:

"You have all made the visiting physicians program a valuable experience, and I am sure the other physicians appreciate your efforts. I think the program offers a good blend of structure (scheduled conferences, rounds, etc.) and freedom to look around or explore areas of special interest. For me it was a nice opportunity to reacquire myself with the current activities of the institution."



JANET E. YOUNG
special assistant to the president

Special presidential assistant joins HSC

Janet E. Young has been named special assistant to the president of the UOHSC with responsibilities in governmental relations and fund raising.

Ms. Young, a 1977 graduate of Willamette University Law School in Salem, will assume additional responsibilities in June as acting director of development, on the retirement of W. A. Zimmerman, President Leonard Laster has announced.

"Ms. Young brings to the position an understanding of the role of this University in the state by virtue of her work with the Chancellor's office, familiarity with the components of successful fund-raising programs, and a commitment to work toward building a viable development program for this University," Dr. Laster said. "With her assistance, I am confident we will develop a strategy for a successful venture into the private sector for sorely needed support."

Following a year as an administrative intern to the Chancellor of the State System of Higher Education, Ms. Young joined his staff as assistant to the Chancellor and legislative liaison during the 1979 Legislative Assembly. While she was in law school she worked in the office of the vice president for student affairs of Willamette University.

\$40,000 gift creates cancer research fund

A "vigorous partnership between the public and private sectors" is needed to help the Health Sciences Center achieve its potential, according to Dr. Leonard Laster, president. Reflecting this partnership is a recent gift from a private citizen for establishment of a fund for cancer research at the Health Sciences Center.

Just a few weeks before his death on April 16, Morris Schnitzer, Portland, established the "Dr. Morton Goodman Fund for research in cancer and leukemia" with a contribution of \$40,000 to the UOHSC Foundation.

Mr. Schnitzer's gift was made in honor of his brother-in-law "in recognition of his accomplishments and years of service to his patients."

In accepting the funds, Dr. Leonard Laster stressed the importance of gifts of this

nature to the University. "It is my hope that generous acts such as this constitute only the beginning of our rapid development into an even more outstanding center for biomedical education, research and health care than we already are."

"Within a year or two I envision a revamped and expanded library capable of serving not only the academic community on Marquam Hill but professional and lay people throughout the state. I see an Institute for Advanced Biomedical Research in which work on cancer and toxic effects of external agents on human health will be under intensive study. The achievement of these goals will require a vigorous partnership between the public and private sectors, and gifts such as this represent the first step toward our renaissance."

Dr. Goodman, a 1929 graduate of the School of Medicine, has practiced in Portland for nearly 50 years. He has been active in cancer detection programs at Good

Samaritan Hospital where he was director of the Breast Cancer Screening Project and he has been an outspoken advocate of early detection programs — especially for women.

Dr. Goodman interned at San Francisco Hospital and took both a residency and fellowship at Johns Hopkins. Since returning to Portland in 1934, he has served on the faculty of the School of Medicine continuously in both full-time and volunteer positions. He is past president of the School of Medicine Alumni Association and has been a trustee of the Multnomah County Medical Society.

Dr. Goodman's youngest son, Dr. Thomas Goodman, is a 1975 graduate of the School of Medicine and is now completing a residency at University Hospital. His older son, Dr. M. Charles Goodman, a Stanford University Medical School graduate, interned at University Hospital in 1969 and is now practicing in California.

Medical alumni fete Dr. Cherry for loyalty to alma mater



Dr. Howard Cherry, 1946 graduate of the School of Medicine, was honored by the Medicine Alumni Association at its annual luncheon April 17 with a Special Award of Merit.

In honoring the Portland orthopedist, Dr. Richard Hodgson, '56, alumni president, said, "Very few individuals are able to show their devotion and loyalty to their alma maters as consistently as has Dr. Howard Cherry. It is for his efforts on behalf of the School of Medicine and the Health Sciences Center that the Alumni Association commends him and expresses

Dr. Howard Cherry (left) admires his Special Award of Merit as Robert Darnedde, executive director of the Oregon Medical Association, looks on.

its deep appreciation."

Dr. Cherry currently serves as a member of the Oregon House of Representatives and was chairman of the Joint Ways and Means education subcommittee.

Dr. Julian Reinschmidt, director of continuing education, School of Medicine, was awarded an Honorary Membership by the Association for his continuing support of its activities.

Nine members of the School's volunteer faculty were recognized with Awards of Meritorious Achievement: Drs. Daniel Billmeyer, John Butler, G. Doyle Daves Jr., Hans Fink, H. Freeman Fitch, Verner Lindgren, Robert Mighell, J. Richard Raines and John L. Stevenson. Each was nominated by his department chairman or division head for consistent and outstanding contributions to the School.

Lifetime Memberships to selected graduates in the Class of 1940 who have "continuously shown their interest in and support of the School and the Association" were presented to Drs. Woodson Bennett, Robert Day, Conrad DeLateur, Harry Emmel, Robert Franco, Marjorie Martin, Max Parrott, Noel Rawls, Howard Roberts, John Ross, Willard Roley, Paul Ruuska, David Taylor and John Welch.

New president of the Association elected at the annual meeting is Dr. Robert Gray, '55, Portland. Dr. Curtis Holzgang, '63, was named vice president, with Dr. Guy Gorrell, '53, treasurer and Dr. Joan Tanner, '66, secretary. Regional vice presidents include Drs. John Wood, Salem; Richard Lewis, Columbus, Ohio; Harry Walters, Medford, and Rosemary Stevens, San Francisco.

Newsmakers

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Handicapped, representing the CCD. The committee's duties include identifying, publicizing and advising state and local government agencies about the concerns, legal rights and responsibilities of the handicapped.

Dr. Donald Adams, associate professor and director of graduate periodontology

in the School of Dentistry, has been awarded fellowship in the American College of Dentists. The award recognizes those who have contributed to the advancement of the profession and humanity.

Dr. Lester Jones of Portland, a 1921 graduate of the School of Medicine, was one of six Oregonians selected to receive the 1980 Aubrey Watzek Award from Lewis and Clark College, Portland, for their professional achievements. Dr.

Jones, a prominent ophthalmologist and surgeon, is the father of Dr. Richard T. Jones, professor and chairman of the School of Medicine department of biochemistry.

Three UOHSC medical students, Michael Tobin, Jeffrey Menashe and Jess Hickerson, have received the Alpha Kappa Kappa award, presented annually to junior medical students. Recipients of the award are chosen by members of the junior class for demonstrating those attributes they

most desire to see in a physician. Each student won a cash prize.

Dick Speight, registrar and director of admissions for the Schools of Medicine and Nursing, has been named acting director of student financial aids for the UOHSC. In announcing the appointment, President Leonard Laster indicated that a University-wide Student Financial Aids Advisory Committee is being formed and will comprise students and faculty from the Schools of Dentistry, Medicine and Nursing.

Focus on people: Workers tote that box, lift that crate

Disposable diapers and dental textbooks, file cabinets and fluoroscopes, typewriters and test tubes — you name it, and it probably has come across one of the receiving docks at the Health Sciences Center.

Every day, freight trucks trundle up to

the Center's several receiving docks with the mountains of equipment and supplies that keep a university and hospital running. And the chore of unloading those crates keeps numerous HSC employees running.

The UOHSC has no centralized depart-

ment or warehouse for receiving freight. The shipping and receiving department handles merchandise for part of the campus, while storeroom employees and others do the unloading duties at other locations on a part-time basis.

One of the busiest unloading areas is Dock No. 4 behind Mackenzie Hall, where the shipping and receiving department hauls in 60,000 to 65,000 pounds of freight a month. Most of that is materials for research grants, office equipment and office supplies.

How is all that unloading done? Shorty Kestler, supervisor of shipping and receiving, good-naturedly stretched his arms in front of him and flexed his muscles in reply.

"You have to be ready at all times," he said, referring to the unpredictable arrivals of freight. "We don't have any storage place to lock it up at night, so we have to get rid of everything every day."

Deliveries are, in fact, a big part of Mr. Kestler's job. The shipping and receiving department unloads and delivers freight for Mackenzie Hall, Baird Hall, Basic Science Building, Research Building and Outpatient Clinic.

Shipping and receiving's Dock No. 4 is also the central facility for all outgoing freight — equipment returned for repairs, supplies and returned purchases. Most of that material requires packing, labeling, freight ticketing and record keeping.

Although shipping and receiving is responsible for the activities at Dock No. 4, there are six other active receiving docks at the UOHSC. Getting their share of traffic are docks at University Hospital (north unit), the School of Dentistry, Clinical Laboratories Building, physical plant, library and pharmacy.

University Hospital, for example, has seven storeroom employees working each day on unloading and delivery. Every week the hospital takes in 6,000 pounds of intravenous solutions alone.

"It does keep you in shape," Mr. Kestler said of his work in unloading and delivery. "I enjoy it. I don't like a job where I'm going to be sitting here ... No way!"

Among the workers at the Health Sciences Center who spend at least part of their time on the receiving docks are Dan Gallup (large photo at left), storekeeper, dental clinic store; Shorty Kestler (left), supervisor, shipping and receiving; and (photos below, from left) Gene Schelling, supervisor, University Hospital (north) storeroom; Mona Nims, dental clinic store; and Dale Bolland, shipping and receiving.



Test helps eye doctor see the light on drugs' effects

Dr. Richard Weleber can find out in a flash — literally — what side effects a drug might be causing in a person's eyes.

Using a test called electroretinography, which measures electrical responses of the retina to flashes of light, he often can detect adverse side effects of drugs on the eye.

There is a clear difference between normal and abnormal responses to the light flashes, noted Dr. Weleber, assistant professor of ophthalmology and medical genetics in the School of Medicine.

"For a good number of drugs, the Physicians' Desk Reference lists visual blurring or other symptoms related to the visual system as side effects of the drugs. Yet for few of these is the site of toxicity in the visual system really known," he said. "In some cases they can't even tell if it's the optic nerve or the retina being affected by the drug."

"This test gives a very objective, quantitative, safe, noninvasive measure of retinal function. It can distinguish whether the

"In essence, this test is a very sensitive measure of the electrical function of the eye. As such, it can tell us about aspects of the functioning of the eye that we can't get with other tests."

toxic effect is affecting the photoreceptors (rods and cones) or the inner layer of the cells of the retina."

Dr. Weleber has been a pioneer in refining the test as a technique for detecting adverse side effects from drugs. Now, his sights are set on computerizing the processing of the results to permit faster diagnosis.

To perform the electroretinography test, a technician places a contact lens electrode on the cornea of each eye of the patient. He then has the patient look into a special sphere-like fixture, called a stimulator, and flashes a light in the sphere. As the light flashes, the electrodes transmit the electrical responses to an amplifier which in turn is connected to the cathode ray screen of an oscilloscope. The responses show up on the screen as wave patterns.

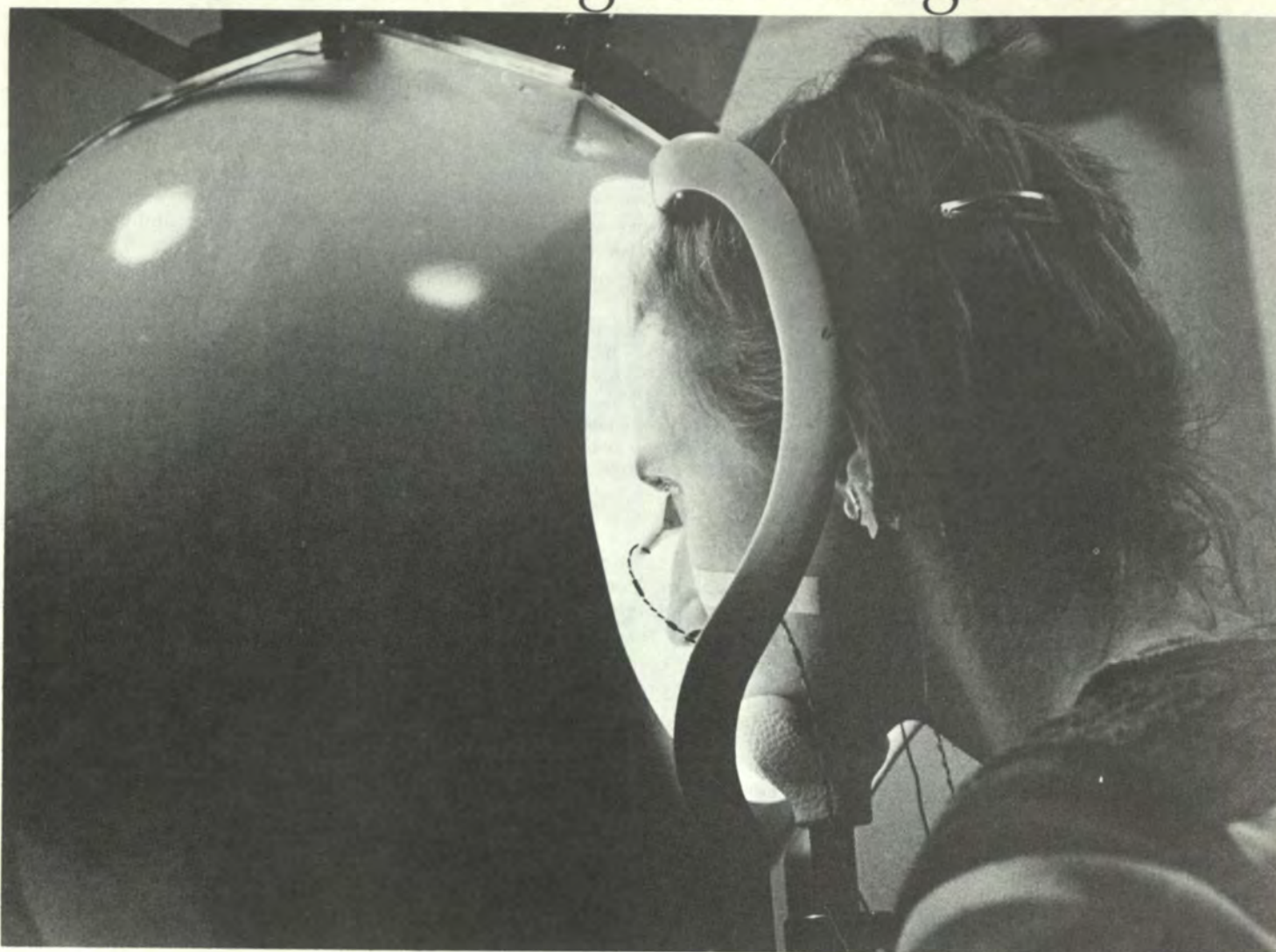
Through detailed analysis of responses to different colors and intensities of flashes, Dr. Weleber said, he can find clues to drugs' effects. For example, toxic effects on the inner layer of the retina will translate into abnormalities of the peaks on the screen. The peaks may be smaller than normal, delayed in timing, or abnormal in shape.

The ophthalmologist told of a patient who had been taking a common heart medication. He had begun complaining about blurred vision and changes in his color vision. The electroretinogram revealed an abnormality of the cones, which are involved in color and reading vision, caused by too-frequent doses of the medication. The condition cleared up completely after he got back on the right regimen.

"In essence," Dr. Weleber said, "this test is a very sensitive measure of the electrical function of the eye. As such, it can tell us about aspects of the functioning of the eye that we can't get with other tests."

He said, "In the future we hope to be able to actually use this test to screen people on various medications that have visual side effects, to find out whether the blurred vision or other symptom is related to toxicity of the retina."

Although the test itself takes only 20 to 30 minutes, Dr. Weleber said, it can take several hours to process the results. With



With contact lens electrodes attached to her corneas, a patient peers into the stimulator during an electroretinography test. The test can be used to measure side effects of drugs on the eye.

a computer-controlled system, the results could be ready in a few minutes.

"This would help us to better apply this sensitive test to a greater number of clinical situations," he said. For instance, it could quickly tell whether a fleck of iron in the eye was poisoning the retina.

Dr. Weleber has applied for a five-year, \$500,000 grant from the National Institutes of Health's National Eye Institute to develop a computerized system. The system could be used for studying hereditary as well as acquired (e.g., drug-induced) retinal disease.

(The UOHSC ophthalmology department did have a computerized setup for awhile, thanks to equipment loaned from a local manufacturer of electronic test equipment.)

Dr. Weleber's refinement of the 16-inch spherical stimulator for electroretinography has found favor elsewhere. Under his direction, the UOHSC's research instruments service built a similar stimulator for Good Samaritan Hospital and Medical Center.

The physician shared his knowledge of electroretinography at the International Symposium on Drug-Induced Ocular Side Effects and Ocular Toxicology March 13-15 in Portland, co-sponsored by the UOHSC department of ophthalmology.



During National Volunteer Week April 20-26, the UOHSC's volunteer services department noted that more than 300 in-service volunteers put in 33,000 hours this past year at University Hospital and Clinics. Among those many generous givers of time and talent is Ella Madison of the Women of the Elks, Lodge 142, Portland, whose members regularly volunteer their services at the Elks Children's Eye Clinic. Mrs. Madison makes the waiting a little easier for a young patient there.

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