



THE
OREGON HEALTH
SCIENCES UNIVERSITY

NEWS

The Oregon Health Sciences University News is published to inform students, employees, faculty, and friends of the institution's programs, activities and events.

Overseers pledge support toward excellence

Fourteen of the Pacific Northwest's leading corporate board chairmen, chief executive officers and civic leaders have joined with the chairman of the board of Weyerhaeuser Co. to form a citizens support group for the Oregon Health Sciences University.

"Oregon's only academic health center will have the enthusiastic and committed support of major corporate leaders in this area," Robert B. Wilson, Weyerhaeuser chairman, said July 17 in announcing the formation of the Board of Overseers of which he will serve as chairman.

"We will be looking to individuals, corporations and foundations to join us in helping the University not only to maintain but to enhance its quality."

"The OHSU has not enjoyed the kind of recognition of its needs this Board will provide," Mr. Wilson said. "I am happy to say that our members are taking on the task of bringing the resources of the University to a new level of quality with great enthusiasm."

"Because of the general threats to institutions of higher education that are implicit in today's economic problems, it is important for individuals and corporations to band together to ensure that the future of this University promises not merely survival, but continued growth toward excellence. This new partnership between the private sector and the University will help to achieve that goal," Mr. Wilson said.

Other members of the Board include:

- M. Jeannette Baum, businesswoman, La Grande
- Gerald W. Frank, president, Frank Investment Co. and administrative assistant to Senator Mark Hatfield, Salem
- Don C. Frisbee, chairman of the board, Pacific Power and Light, Portland
- Otto Frohnmayer, partner, Frohnmayer, Deatherage, DeSchweinitz and Eades, Medford
- Elizabeth N. Gray, civic leader, Portland
- Harold Hirsch, chairman of the executive committee, White Stag Manufacturing Co., Portland

- Helen Jackson, civic leader, Portland and Medford
- Samuel S. Johnson, president, S.S. Johnson Co., Redmond
- Robert Mitchell, president, United States National Bank, Portland
- Monford A. Orloff, chairman and president, Evans Products Company, Portland
- Robert H. Short, chairman of the board, Portland General Electric, Portland
- A.W. Sweet, chairman of the board, Western Bank, Coos Bay
- Donald Tisdell, president, Orbanco Financial Services Corp., Portland
- Howard Vollum, chairman of the board, Tektronix, Beaverton

In making the announcement of the formation of the Board of Overseers, Mr. Wilson said, "We will be looking to individuals, corporations and foundations to join us in helping the University not only to maintain but to enhance its quality and provide funding that will constitute an addition to, rather than a substitute for, state monies. Corporate support is something we will be vigorously encouraging. I believe most firmly that a strong academic

health center is as important to the corporations in Portland and the Pacific Northwest as it is to our individual citizens.

"We will be building our activities on the foundation provided by the President's Advisory Council," Mr. Wilson added. "This group, formed in 1975 by the late Ira Keller, advised the president of the University on issues related to the teaching, research, patient care and related public service activities of the institution. Members of the Council, in addition to Mr. Keller, included Dr. Joseph Blumel, Edith Green, Hazel Hays, Leland Johnson, Roger Meier, Roscoe Nelson, Robert C. Notson, Robert Roth, Harold Sand, Barbara Schwab, Rudie Wilhelm, Jr., and Stephen W.H. Yih. "Without their dedicated efforts, our plans would not be possible," Mr. Wilson said.

"Each member of the Board of Overseers will help us achieve some very tangible goals," the chairman pointed out. "The University badly needs a new library, one that will serve OHSU students, faculty and health professionals from throughout the state, as well as house facilities for a continuing education center and for interdisciplinary studies. Another of our goals will be funding for an Institute for Advanced Biomedical Research, to be established

within the University, the staff of which will dedicate itself to the study of a subject on the cutting edge of medical knowledge. We anticipate that this institute will attract additional biomedical researchers and students of outstanding talent from throughout the U.S. and will directly benefit the University's present programs of education, research and patient care."

"Because so many aspects of life in Oregon reflect a fundamental concern for quality and excellence, it is especially appropriate that a corps of community leaders has been called together to dedicate themselves to fostering these qualities in the state's only academic health center," OHSU President Leonard Laster said.

"They recognize the real and potential contributions of a health sciences university to the fabric of the Pacific Northwest and they realize that we as citizens must expect only the best from such an institution. With this outstanding faith and commitment, we in the University will have every likelihood of meeting such expectations."

The president added that the activities of the Board of Overseers will in no way conflict with the responsibilities or authority of the State Board of Higher Education.

To meet the Board, see page 3.



OHSU President Leonard Laster, left, and Robert B. Wilson climbed to the roof of the OHSU Library recently for a bird's eye view of the campus. Mr. Wilson, chairman of the board of Weyerhaeuser Co., is chairman of the University's newly named Board of Overseers. The Board of Overseers includes 14 of the Pacific Northwest's leading corporate board chairmen, chief executive officers and civic leaders who have pledged support toward excellence at The Oregon Health Sciences University.

High-risk infants get follow-up care at CCD clinic

Seven months ago, Karen was born of a 16-year-old mother in a coastal community hospital. Her birth was two months premature. She weighed three-pounds five-ounces. In the hospital nursery where Karen was carefully watched for the first six weeks of her life, it was noted that she had respiratory distress syndrome and recurrent episodes of apnea. Karen was a "high risk" newborn.

As such, she was eligible to be a follow-up infant at the Crippled Children's Division's (CCD) Southern Regional Clinic in Eugene where she was referred last month by her pediatrician.

The newborn follow-up clinic where Karen was seen is a new project for the Eugene branch CCD which provides care for more than 3,000 children in a 12 county area in the southern part of the state. It is a major addition to follow-up programs of children with birth records such as Karen's, who are at increased risk of developmental disabilities and in need of

screening and rehabilitation.

Up to now, the only formal follow-up program for such youngsters in Oregon has been the one directed by Dr. Gerda Benda through CCD in Portland for infants cared for at University Hospital's neonatal intensive care center at The Oregon Health Sciences University.

"Karen's evaluation revealed cerebral palsy," said Dr. Robert E. Nickel, director of the cerebral palsy program at the Eugene CCD branch and one of two pediatricians on the staff. "But her early diagnosis gave her the advantage of an early referral to an appropriate intervention program. In Karen's case, we referred her to ourselves," Dr. Nickel said, speaking of CCD's cerebral palsy program. "She'll continue as part of our CP program as long as it's needed or until she's 21."

Additionally, in the weeks to come, Karen will receive orthopedic, ophthalmologic, and audiologic assessments — part of the follow-up clinic's program to give high-

risk infants an early step-up on overcoming the possible consequences of a possible disability.

"Early identification is the program's primary function," said Dr. Jonathan Zonana, pediatrician and director of the Southern Regional branch. "We accept referrals from neonatologists — most come from Eugene's Sacred Heart Hospital, which has a neonatal intensive care unit — or from private physicians in the counties we serve."

To be eligible for the Eugene follow-up program, infants must meet one or more of CCD's list of 13 risk criteria. "We see infants when there is some definite question about the normality of development," Dr. Nickel said.

A second function of the clinic is to provide a forum for parents. "Parents of high-risk newborns have many concerns," Dr. Nickel said, "that begin with the stressful situation of having a child remain in the hospital for weeks, perhaps even months,

after birth. Here we hope to facilitate the positive growth of the parent-infant relationship by providing a place where parents can talk."

The clinic's third function is to provide a training component for the area's private pediatricians and physical therapists who are actively solicited to participate in the program. "It gives these professionals an opportunity to look at a number of high-risk newborns," Dr. Nickel said, "to become more knowledgeable about developmental diagnosis."

An on-going goal of the clinic is to have multi-agency involvement in the program for the coordination of the referral of children to appropriate area services.

Right now, the second and fourth Mondays of every month are follow-up days for infants such as Karen at the Eugene clinic as CCD continues to carry out its stated mission to search out and assure care for Oregon's children with crippling conditions.

Employees take advantage of health care at the OHSU

Early trees and grasses used to send University Hospital's associate director for professional services, Manuel Berman, into his annual sneezing and sniffing attack. But no more. Now, he leaves his office in University Hospital (south) and crosses the street to the Outpatient Clinic for a weekly allergy shot and his hay fever is under control.

"What we have here," said William Collins, associate director of outpatient services, "is one-stop medical care."

"It takes 15 minutes at coffee break time," he said. "If I had to get in my car and go someplace, I'd probably not make the effort to get shots on a regular basis and be semi-miserable all summer."

Mr. Berman is only one of many employees on the Hill who are taking advantage of the convenience and excellent care offered by University Hospital's patient care services.

"What we have here," said William Collins, associate director for outpatient and emergency services at University Hospital, "is one-stop medical care. If you need

primary or family health care, they are right here. X-rays or lab services? Right here. If you need to be referred, top specialists are right here."

"Additionally," added Dr. Donald Kassebaum, vice president for hospital affairs and director of University Hospital, "employees and their families can expect special attention when they seek medical care at University Hospital. Doctors and nurses feel a special obligation toward members of the 'Hill' family."

University Hospital lists 44 regularly scheduled outpatient clinics — ranging from A to V (allergy to vascular) — that are designed to diagnose, study, or treat almost any ailment.

Appointments with some clinics — such as obstetrics and orthopedics, where symptoms are fairly clear cut — can be made directly by the patient. Most require physician referral.

"The best way to enter University Hospital's care system," continued Mr. Collins, "is to make the general medicine clinic or the family practice clinic your base for routine health maintenance." The Collins' family, which includes two youngsters, considers the family practice clinic headquarters for check-ups and emergency care.

"Emergencies could be considered a family practice specialty," said Dr. Robert H. Rozendal, associate professor of family practice, speaking of the inevitable, without-regard-for-the-clock, health-happenings experienced in most households with growing children. "Patients can dial our number at any hour of the day or night. A family practice physician is on call 24-hours a day. If our patients do come to the emergency room, the crew is instructed to call us. Sometimes the problem can be solved over the phone or in the clinic, saving patients the more expensive emergency room fees."

The family practice clinic, housed in Emma Jones Hall, sees patients from birth to old age — "although mostly we see young families," Dr. Rozendal said. "One advantage of the clinic," he continued, "is that we see entire families and can put problems in context with the entire family unit. The baby we deliver we see through childhood along with its brothers and sisters, mother and father and, perhaps, grandparents too."

Family practice clinic care ranges from obstetrics to lump-and-bump surgery. "We see almost any medical problems people have," Dr. Rozendal said. "If a specialist is needed, we arrange referrals and act as the family's medical advocate in what may be a complex and confusing referral system to people acting on their own."

Internists at University Hospital's general medicine clinic are also in a position, when necessary, to act as referral guides.

"As primary physicians, we manage all non-surgical aspects of adult health care,"

said Dr. Donald Girard, associate professor of medicine and chief of general medicine. "We evaluate the extent of a problem, prescribe supportive treatments, provide continuity of care, and occasionally request sub-specialty input."

"Diabetes, high blood pressure, kidney disease — we deal with all sorts of health care needs from routine maintenance to complex problems. And we promise we won't give you a bad time if you call up about your cold."

University Hospital and its clinics are known throughout the state as the place to send patients with out-of-the-ordinary, complex, confusing problems. "We're a training institution, and here we have a collection of knowledgeable and notable physicians with the latest in significant expertise," said Dr. Girard. "But as an educational facility, we need to see people with everyday kinds of problems."

Patients at all University Hospital clinics

may be seen by residents supervised by faculty, or may request a private appointment with a faculty physician.

"It's a matter of personal preference," said Dr. Girard, who added that some patients are under the misconception that residents are students and not full-fledged physicians. "Those seeing a resident see a physician with fresh, enthusiastic expertise, with the added advantage of the consulting advice of a supervising staff physician."

Patients from every walk of life, from every part of Oregon as well as from neighboring states come to the health care facility in the OHSU employee's backyard.

"We feel strongly that we provide a single class of care," said Mr. Collins, "the same care for the socio-economically deprived as for those who can afford the very best. That's the way we want it."

But a little something extra is added when the patient is a co-worker on 'the Hill.'

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Search starts for new chancellor

Dr. Roy E. Lieuallen, sixth chancellor of the Oregon State System of Higher Education, announced his resignation effective June 1982 at the August meeting of the Board. He has served in that position for 20 years, almost twice as long as any other person. Board president Edward Harms commented that "in terms of length of service alone, he has had a greater impact on higher education in Oregon than any other person."

A national search will be conducted to select a new chancellor. As a first step, Mr. Harms appointed a committee of five Board members to develop a list of finalists who will be interviewed by the full board. Serving are: Louis Perry and Loren Wyss, Portland board members; Lester Anderson, Eugene; Jane Carpenter, Medford; and Robert Ingalls, Corvallis. Mr. Harms will serve as chairman.



Start packing — alumni tours are set to go

The School of Medicine alumni association is off to the Greek Islands, China and Russia. Invited to come along are medical, nursing and dental alumni, faculty, staff, students, and friends of the University.

A turf and surf adventure is planned for October 9-20. Alumni travelers will sightsee Athens for a classical week and then cruise the Greek Islands. The cost is \$1,999.

If China is your interest, you can land there next February and visit Peking, Nanking, the Yangtze River, and the Great Wall

of China for \$2,699.

A few details are yet to be worked out on the 10-day trip to Russia promised for spring. "The price is one, but it will be reasonable," Dean Suddath of the School of Medicine alumni office adds. Tours to Leningrad, Moscow and Kiev are certain, and performances of the ballet, opera, or the circus will be on the itinerary.

Call Ms. Suddath at 225-8231 for the latest in alumni travel information.



Beginning far upper left: 1. Helen Jackson, 2. Don Frisbee, 3. Donald Tisdell, 4. Robert Mitchell, 5. Gerald Frank, 6. Monford Orloff, 7. Howard Vollum, 8. Harold Hirsch, 9. Bill Sweet, 10. Elizabeth Gray, 11. Robert Short, 12. Samuel Johnson, 13. Otto Frohnmayer and Jeanette Baum, 14. Robert Wilson.

Board members form 'partnership' with OHSU

If you want something done, and done well, ask a busy person to do it.

Here, meet the 15 productive people who are tackling the task of providing support to the OHSU.

M. Jeanette Baum manages family business interests in Union County. A fourth generation Oregonian who has lived in La Grande for more than 30 years, Mrs. Baum has been a highly visible figure in civic, county and state affairs. She has recently returned on a People to People National Soil Conservation Tour.

Gerald W. Frank, president of Frank Investment Company and administrative assistant to Senator Mark Hatfield, is also a fourth generation Oregonian. Mr. Frank has been involved in almost every civic arena — ranging from the directorship of the Willamette Council of Camp Fire Girls, director of the Portland Rose Festival Association, trustee of Willamette University, to a member of the management committee of the U.S. Senate. Mr. Frank has accumulated awards in honor of his achievements in behalf of his state and community.

Don C. Frisbee, chairman of the board and chief executive officer of Pacific Power and Light Company, received his M.B.A. from Harvard Graduate School of Business Administration. Mr. Frisbee is a member of the boards of trustees of Whitman College, Walla Walla, Washington, and Reed College in Portland. He is a member of the boards of directors of First Interstate Bank, Oregon Portland Cement Company, Standard Insurance Company, Lucky Stores, Inc., and the Committee for Economic Development. In addition, Mr. Frisbee is president of the Columbia Pacific Council of the Boy Scouts of America.

Otto J. Frohnmayer is a Medford attorney. He is a partner in the law firm of Frohnmayer, Deatherage, DeSchweinitz and Eades. Mr. Frohnmayer received his jurisprudence degree from the University of Oregon; in 1979 he was named distinguished alumnus of the year by that institu-

tion. From a long list of community service commitments, Mr. Frohnmayer has served as president of the Rogue Valley Health Foundation and as president of the Jackson County Chamber of Commerce.

Elizabeth N. Gray was born in Roseburg, graduated from Oregon State University, and received her M.S. degree from Columbia University Teachers College. For several years, she taught on the high school level. Mrs. Gray is an unstinting volunteer. She has served on the boards of the Community Music Center, the Portland Junior Symphony, Oregon School of Arts and Crafts, and the Catlin Gable School. She is currently named to the boards of the Oregon Historical Society, Loaves and Fishes, and the Oregon Independent College Foundation.

Portland born **Harold S. Hirsch**, chairman of the White Stag executive committee, is a graduate of Dartmouth College. For the past 11 years he has served as vice president of that institution's alumni association. Mr. Hirsch has assumed leadership roles for dozens of community agencies, committees, and boards. Among his current commitments are trustee of Reed College, the advisory board of the University of Oregon School of Business, director of the Japanese Garden Society of Oregon, and director of the Jewish Historical Society of Oregon (of which he was a founding member). An avid outdoorsman, Mr. Hirsch is an honorary national ski patrolman and an honorary life member of the U.S. Ski Writers' Association.

Helen Jackson was born in Edinburgh, Scotland. She spent her primary and secondary school years in Casper, Wyoming, and graduated from the University of Nebraska. Mrs. Jackson lives in Medford. She is a member of the board of the Oregon Historical Society and is a shareholder of Air Oregon, Inc. She formerly served on the boards of the Oregon Symphony Association, Fruit and Flower Child Care Center, Reed College Women's Committee, and the Medford Girls Community Club.

Samuel S. Johnson, mayor of Redmond, Oregon, is also the president of the S.S. Johnson Company. Mr. Johnson has a distinguished list of business, political and civic involvements which includes 14 years in the Oregon State House of Representatives. A graduate of the University of California at Berkeley, Mr. Johnson has been honored many times for his varied and far-reaching accomplishments in the public interest.

Robert R. Mitchell, president of the U.S. National Bank of Oregon, is a graduate of the Pacific Coast Banking School. In addition to his many professional and industrial activities, he serves as director of the board of trustees of the Oregon State University Foundation, and as director of the Association for Portland Progress. Mr. Mitchell is a past director of United Way, the Oregon Museum of Science and Industry, and past chairman of the Coliseum Expansion Committee.

Monford A. Orloff, chairman of the board and president of Evans Products Company, is a graduate of Stanford University and Harvard Law School. He has served as vice chairman of Reed College board of trustees, director of the Oregon Symphony Association, director and vice chairman of the Oregon Community Foundation, board member of the Oregon Graduate Center, and a trustee of the Portland Art Association.

Robert H. Short, chairman of the board and chief executive officer of Portland General Electric Company, received his undergraduate degree in journalism from the University of Oregon. He is a trustee of the Oregon Graduate Center, a director of the First Interstate Bank of Oregon, a trustee of the Oregon State University Foundation, and a director of United Way.

A.W. "Bill" Sweet, a long-time resident of Bandon whose family developed one of the nation's leading Jersey cattle herds, has been involved in the lumber and timber business in addition to dairying and general

livestock farming. He is chairman of the board of Western Bank. Among Mr. Sweet's positions are chairman of the board of trustees of Lewis and Clark College, director of Pacific Power and Light Company, secretary of the Oregon Historical Society, director of the Automobile Club of Oregon, and vice chairman of Oregon Parks and Recreation Committee. In 1980, Mr. Sweet was named Citizen of the Year by the Coos Bay Area Chamber of Commerce.

Donald L. Tisdell, president and chief executive officer of Orbanco Financial Service Corporation, received his M.B.A. from Harvard Graduate School of Business Administration. Mr. Tisdell is a past president of the Oregon chapter of Financial Executive Institute, and of the Oregon Symphony Association. He serves on the board of trustees of Linfield College. An avid tennis player, Mr. Tisdell is a top ranking player in the junior veterans' Pacific Northwest division.

Howard Vollum, chairman of the board of Tektronix, Inc., is a Reed College graduate. He holds honorary degrees from the University of Portland, Lewis and Clark College, Pacific University and Reed College. Mr. Vollum is a director of Pacific Power and Light Company, U.S. Bancorp, and U.S. National Bank of Oregon. He is a trustee of Oregon Graduate Center, University of Portland, and trustee emeritus of Reed College. In 1973 he was named first citizen of Portland.

Robert B. Wilson, chairman of the board of Weyerhaeuser Company, is a graduate of Yale University. He is a director of Burlington Northern, Inc., and of U.S. Bancorp. He is president of First Interstate Bank, Equity Management Company, and of the Warm Springs Lumber Company. Mr. Wilson has served as both commissioner and president of the Port of Portland, director of Blue Cross of Oregon, director of the Oregon Symphony, Portland Opera Association, Oregon Graduate Center and Emanuel Hospital.

Lathe shapes living lenses from corneal tissue

Transplanting a new lens into the cornea of a human eye to provide permanent refractive correction is the latest extension of the career of Dr. Larry Rich, assistant professor of ophthalmology in the School of Medicine and chief of the cornea service at University Hospital.

Dr. Rich's interest in refractive lenses goes back to age 13. His father owned an optical manufacturing firm in Portland, and young Larry went to work for him after school and during vacations, learning to grind contact lenses.

Years later, after earning his degree in medicine at the School of Medicine, and serving his internship in Oakland, California, he returned to the OHSU for his residency. Following appointment to the faculty, Dr. Rich began to think about research in his chosen field, eye surgery.

His early mechanical aptitude and experience with contact lenses led to Dr. Rich's first grant from the Medical Research Foundation of Oregon in 1977 — \$4,989 to buy an optical lathe on which he proposed to grind frozen corneal tissue for use in corneal grafts, using rabbits as laboratory animals.

Dr. Rich's objective, to shape frozen corneal tissue with optical lathe equipment into a smooth, regular outer flap of partial thickness cornea for replacement of diseased or damaged tissue, was realized in that first investigation by the budding researcher. He gained valuable experience which helped prepare him, together with further study and practice in eye surgery, for his present excursion into lens transplantation in humans.

The Medical Research Foundation is involved again with Dr. Rich — this time providing \$12,000 for purchase of a highly sophisticated, computer-directed optical lathe, one which has evolved over a period of many years, manufactured by a California firm commissioned by Dr. Jose Barraquer of Bogota, Columbia.

Dr. Barraquer, a Spaniard whose family includes ophthalmologists reaching back more than a century, received his education in Barcelona and then emigrated to Columbia where since the late 1940's he has been refining the techniques of corneal lens transplantation. During the same period, he has worked closely with the equipment manufacturer in California to develop an optical lathe which will keep corneal tissue frozen while it is cut into a precisely-shaped lens. Recent improvements include computer control of the lathe's cutting tools.

The machine purchased for Dr. Rich's laboratory and surgery was available "second-hand" from a hospital in Florida at a bargain price, and after service and modification to

accommodate the directing computer is a valuable resource for the OHSU cornea service. Interestingly, Dr. Rich's father, now retired, has been an invaluable consultant to his son in the "shake-down" of the new equipment.

Dr. Rich's grant application specifically focused on use of the new lathe to prepare graft lenses for animal studies using rabbits. The two types of corrective surgical techniques use corneal tissue — either from the subject's own eye or from another donor. Although more than 3,000 such procedures have been done on humans in Columbia, it is a relatively new operation in the United States and, Dr. Rich noted in his application, "a controlled, independently evaluated series done in animals in the U.S. is mandatory so that the long term results of grinding these corneas is available . . ."

Early results are so encouraging that Dr. Rich was authorized by the Institutional Review Committee on Human Research at the OHSU to use one of the two kinds of refractive keratoplasty — the name given the surgical technique by Dr. Barraquer — on human subjects.

He has thus far performed three of these procedures, called *keratophakia*, on patients who as a result of cataract surgery have *monocular aphakia*, a sight problem requiring a large refractive correction. The patient is "fitted" with a lens of the required shape which has been cut from donated corneal tissue, frozen at extremely low temperatures by liquid carbon dioxide circulating in the lathe. A lamellar flap is incised from the surface of the patient's cornea, the lens "button" inserted, and the flap sutured into place.

After it heals, Dr. Rich reports, indications are that the eye will retain a permanent curvature to provide a correction which "is pretty close" to that of surgically-implanted lens.

Results of his animal studies — and experience thus far with human patients — confirm experience elsewhere that within about four months after surgery the eye has stabilized and the corneal tissue has retained its transparency. Improvement in vision may continue with further healing, sometimes for two more months. Tissue rejection appears not to be a serious problem.

Dr. Rich believes that the use of refractive keratoplasty — including, besides *keratophakia*, *keratomileusis*, in which a section of the patient's own cornea is removed, frozen and shaped on the lathe into a properly-contoured disc, then sutured back into place — will be proliferating in the U.S. during the next few years. At present, the best-proved benefit is for monocular aphakia, because that vision problem



Dr. Larry Rich, assistant professor of ophthalmology, School of Medicine and chief of the cornea service at University Hospital, is pictured with optical lathe.

following cataract surgery often cannot be corrected with spectacles or contact lenses.

However, high myopia — severe nearsightedness — and even less serious forms of refractive sight problems make refractive keratoplasty an attractive treatment option as the surgical techniques for the procedures become more common.

One resource Dr. Rich believes will be developed is regional "banks" where donated corneas will be preserved in low temperature storage. Eye surgeons will be able to order refractive lenses fashioned from this corneal material, ground to the right prescriptions, for insertion in their patients' eyes.

Reprinted from *The MRF Bulletin*

Newsmakers

Dr. Vernon E. Manny, School of Dentistry class of 1953, has been elected first vice president of the American Dental Association.

Dr. Stephen Morse, associate professor of microbiology and immunology in the School of Medicine, has been honored by the American Society for Microbiology (ASM) by being selected as one of the ASM Foundation Lecturers for the 1981-82 academic year. He will speak on "Biochemical Aspects of Gonococcal Virulence" at various branches of the ASM around the country.

Jim Hibbard has been appointed assistant director of pharmacy services in University Hospital.

Lynn Neillie, who has been acting assistant media relations officer at the OHSU, has been appointed permanently to that position. She will work in the office of university relations to research and write news stories about the university and to respond to requests for information from news media.

Meredith Overton, director of the dietetic internship program, has been elected president-elect of the Oregon Dietetic Association for 1981-82. She has also been elected to the Executive Committee of the Council on Educational Preparation of the American Dietetic Association for 1981-84.

The elected officers of the Medical Board for University Hospital for 1981-82 are: Dr. William Krippaehne, chairman; Dr. Frank Parker, vice chairman; and Dr. Alexander Schleuning, secretary. Elected members of the Executive Council are: Dr. John Campbell, Dr. William Fisher, Dr. Frederick Fraunfelder, Dr. Robert Neerhout, Dr. George Porter, and Dr. Frank Yatsu.

Dr. Emil J. Bardana, professor of medicine and head of the allergy section, was recently elected Governor of Oregon for the American College of Physicians (ACP). The ACP is a national medical specialty society.

Dr. Robert Palmer, assistant professor of medicine, has been named housestaff program director in the department of medicine.

Dr. Earl A. Palmer, assistant professor and chief of pediatric ophthalmology, was re-

cently re-elected to the Board of Directors of the Oregon Association for Children and Adults with Learning Disabilities. He will serve a two-year term.

Three graduates of the School of Medicine have been elected president-elect of their respective organizations: Barbara J. Radmore, Oregon Psychiatric Association; Kathleen A. Weaver, Oregon Society of Internal Medicine; and Genevieve S. Burk, Oregon Medical Association.

Michele Wiley, associate director of university relations, has been re-elected as regional vice president for Women in Communications, Inc. As a member of the national WICI board, Mrs. Wiley will represent nearly 1,000 professional and student members from Alaska, Montana, Idaho, Oregon and Washington. Her term will run from June 1981-83.

Marilyn J. Dirksen, R.N., an alumna of the OHSU School of Nursing, has been named to the 19-member state Refugee Advisory Council by Governor Victor Atiyeh.

Dr. James Metcalfe was recently installed as president-elect of the Oregon Heart Association and, at the same meeting, was cited for his outstanding volunteer service.

**AMERICA'S
ENERGY IS
MINDPOWER**



"America's Energy is Mindpower," represented by the visual above, is the theme for a year-long campaign launched July 16 in Washington, D.C., on behalf of higher education. Over 1,100 colleges and universities including the OHSU, 80 state education agencies and 30 national associations are participating in the campaign, which has been organized by the Council for Advancement and Support of Education (CASE). The campaign goal is to enhance public understanding and appreciation of higher education's value to American society and the contributions of college-educated citizens to all aspects of American life. Portland area colleges and universities will join the nationwide campaign to sponsor a series of local activities during Mindpower Week, October 3-11.

Transportation services says, 'Leave the moving to us'

Ask Richard Mitchell, University Hospital's director of materiel management, how long it takes for the hospital's elevator doors to slide open and shut, and he'll tell you the exact number of seconds. He can also give you a tally on the number of patients wheeled through those doors by transportation employees in any given month (4,301 in April); the number of lab specimens carried back and forth (5,124); trips made for materials (2,243); and messenger runs (4,760) — which all add up, he'll tell you, to a grand total of 22.6 trips per hour based on a 24-hour day.

Mr. Mitchell's computer-like tabulations are all a part of a major departmental overhaul that is rapidly transforming the transportation services department from a rather unorganized army of "go-fors" into a spiffy movement-management team.

"Transportation services employees move patients, materials, equipment, specimens and inter-departmental messages," Mr. Mitchell said. "Our goal is to free nurses, technicians, and other ancillary personnel from these tasks so that they can devote their time to their professions. Nurses should be nurses and not deliverers of mail," he summed up.

Accordingly, "leave the moving to us," might well now be the department's motto as well as, "is this trip necessary?"

With mottos in mind, Mr. Mitchell is streamlining University Hospital's pulling, carting, carrying, and wheeling operations with the zeal of a time movement/efficiency expert.

Employees attend classes to improve expertise in body lifting mechanics, the handling of isolation patients, medical gas cy-

linders and gauges, patients with IV equipment, Code 99 and CPR procedures.

'Round-the-clock rounds, as tightly timed as a NASA count down, have been worked out to expedite the frequent and orderly pick-up and delivery of lab specimens and inter-departmental mail.

Every evening, 60 "exchange carts," stocked with 24-hours-worth of appropriate medical supplies, are readied to roll into hospital units — "Eliminating the self-service supermarket approach to supplies," Mr. Mitchell said, an approach that resulted in uncontrollable stockpiling of unofficial inventories, frequent ordering from the storeroom, delays in delivery and many unnecessary trips.

Dispatchers keep tabs on which employees are where, and log requests that are responded to in the order received. Now, if

a transportation services employee — instantly identifiable in gold-colored jacket and name tag — is buttonholed in the hall for a job, he or she is instructed to say, "Please call the dispatcher and someone will come right away." And someone does come.

Supervisors oversee each shift and shoot down trouble before grumblings turn into problems.

"'Incident reports' indicate that everyone is happier," Mr. Mitchell said. "Complaints have fallen from an average of 33 a month to five in January, three in February, two in March and 0 in April," he said.

Six months into the departmental overhaul, transportation is ready to roll with an eye to moving, competently and efficiently, almost everything in the Hospital that's not tacked down.



Clockwise: Robert Mitchell, top left, director of materiel management; Sue Gehrke; Myrtle Washington; Tim Lindeman (far left), Bob Mach and Bruce Riddle lift patient Doug McCorkle; Ellen Pierce, administrative supervisor; Edward Marcell, day shift supervisor with Joanne Weaver, R.N.; John Rozelle, transportation services manager.

Chemical reasons for physical problems challenge lab

In the case of the supermarket pickle-poisoner, which hit the headlines in the spring of 1980, University Hospital's toxicology laboratory helped convict a diamond-obsessed extortionist.

Not all of the toxicology laboratory's cases are as dramatic as the discovery that traces of cyanide did indeed exist in pickles. But, according to Dr. John Aitchison, associate professor and chief of clinical pathology's toxicology section, every one of the some 600 specimens that come into the laboratory each month have elements of the unknown. "It's a never-ending challenge."

Approximately 100 of the 600 monthly challenges to the laboratory's deductive expertise result from a long-standing contract with the Oregon State Medical Examiners office.

Dr. Aitchison explained, "State law requires that fatalities that occur unattended by a physician or under bizarre or violent circumstances come under the jurisdiction of the state medical examiner who is required to investigate such deaths.

"Certain numbers of these involve poi-

sonings — hence the pickle caper, although in that instance no deaths resulted — or some other reason to do a chemical evaluation. Biological samples are sent to us, we evaluate them and send our findings back. Some cases turn out to be quite simple, some quite complex."

No less challenging than the forensic evaluations are the analytical studies of specimens from University Hospital and its clinics that make up the balance of the laboratory's work.

"Basically, we perform two services for the Hospital," Dr. Aitchison said, "emergency toxicology and therapeutic drug monitoring."

Emergency toxicology may come to the aid of a patient arriving at the Hospital's emergency room comatose for unknown reasons. "With blood and urine samples, the most frequent kinds of samples used, we begin broad-based screening procedures," Dr. Aitchison said.

Ideally, a medical history accompanies the sample to the lab. "But in emergency toxicology the ideal is not always possible,"

Dr. Aitchison explained, "putting us in for a bit of delving." Like Sherlock Holmes reflecting on an elementary-my-dear-Watson deduction, Dr. Aitchison tells of delving into the case of the mysteriously drugged psychiatric patients.

"It was a few years back," he said. "We kept coming up with phenobarbital positives in a series of patients, although none were being treated with that drug. It turned out that one of them had stashed a private supply that he was dispensing liberally to his fellow patients in the crisis unit."

Computers humming in the laboratory aid Dr. Aitchison, his team of five medical technologists and one lab assistant, as they come up with chemical reasons for physical problems. "Technological advances have made it possible to have a quick turnaround time, to receive the material and come to a conclusion in a reasonable amount of time," Dr. Aitchison said. "In many instances within an hour or two."

Technological advances have also rapidly increased the toxicology lab's case load of therapeutic drug monitoring. "It's now

possible to measure very small quantities of a specific drug in a biological specimen," Dr. Aitchison said. "With that capability, patients' treatments can be fine tuned."

"For instance, an epileptic patient may be taking phenytoin routinely. One of three conditions may exist — the medication is at an acceptable level, it is too high, or too low. Minute chemical measurements accurately judge the patient's status so that adjustments can be made."

Equal to the importance of the chemical evaluation of specimens, in Dr. Aitchison's opinion, is the laboratory's role as a teaching facility. "Technology students, pathology residents, and graduate students spend time here for lectures and to learn the use of materials and equipment."

"Although few laboratories do toxicology work in a separate section as we do," he continued, "it is very likely that students will encounter this kind of activity in some degree. It would be nice to say we can find answers all the time, but there are a few cases each year when our results do not answer the questions asked."

Child life therapists ease young patients' fears

Bob Conover and Daniel Taalak are friends. They go to MacDonald's together and eat Big Macs. When Portland's summer turns to sizzle they play catch under the sprinklers on the front lawn. They go to movies. And sometimes they just hang out.

At other times, Bob sees Daniel through bone marrow biopsies — sits with him before the procedure, puts his arms around him as the large bore needle probes Daniel's hip, stays with him after it's over. "Daniel feels more comfortable when I'm there," Bob says.

Daniel Taalak is 13-years-old. He has acute myeloblastic leukemia. Bob Conover is a Child Life Therapist (CLT) at Doernbecher Memorial Hospital for Children, where Daniel is a patient.

Mary McBride, assistant professor in the School of Nursing and a child psychiatric nurse, is in charge of Doernbecher's program. Right now, Bob Conover and Sally Bowles are Doernbecher's CLTs with a third therapist soon to be hired.

"Children at Doernbecher are often miles from home," Ms. McBride says, "often seriously ill, separated from their families and in desperate need of one person whom they identify as a source of security during the stressful period of hospitalization."

As much as Doernbecher Hospital tries to offer a friendly face to its young patients — homelike curtains on the windows, little red wagons and swing sets in the halls, a staff sensitive to its young charges' emotional needs — it is still a rapid-paced teaching facility with a nursing and medical staff. Children may be prodded, questioned — and, yes, patted and hugged too — by as many as 43 significant staff people on any given day. In such a setting, few constant figures of security emerge.

"Out of all the people they see, we are the one person who does nothing to them," says Sally Bowles. "We are the one person they can say 'no' to in an unfamiliar and scary world where they can't say 'no' to things done to them 'for their own good' — transfusions, spinal taps, staying here when they want to go home."

"Are you a doctor?" asks four-year-old Jennifer.

"No," answers Sally Bowles.

"Are you a nurse?"

"No."

"Well — who are you?"

"I'm Sally, and I've come to play."

"OK. Let's play!"

Jennifer lets out her feelings as she and Sally make believe, read together, get to know each other. Sally is here today and here tomorrow, a consistent person, a supportive advocate, someone whom Jennifer learns to trust.

"Trust takes time," Sally says. "It comes a bit faster with samll children, longer with teenagers. I've learned to be patient."

Many hospitals across the nation have CLT programs, but Doernbecher's approach is unique.

"Our only program works one-to-one with the children," Ms. McBride says, "others work in groups."

"We try to normalize life in an abnormal situation," Bob Conover adds. That's his goal when he and Daniel go out for a Big Mac. "Right now, Daniel is feeling fine," Bob Conover continues. "His leukemia is in remission. If home were closer, he'd be treated as an outpatient."

But home for Daniel is far away. It's the northernmost settlement in Alaska, on a bulge of land that presses into the Arctic Sea. Daniel has been at Doernbecher Hospital for 10 weeks; he has another three or four yet to go.

"Kids are able to ride it out if they're in the hospital for a short time," Bob Conover says. "But hospitalization is tough on kids who are in for weeks or who keep coming back over and over again."

Child Life Therapy support is extended to parents who may feel helpless and guilty when their children are seriously ill. "We are of most help to families who are not articulate, who are uncomfortable in the unfamiliar environment of the hospital,"



Bob Conover, left, a CLT at Doernbecher Memorial Hospital for Children gets ready for a "shot" from 9-year-old Uvaldo Mortin. CLT's frequently act-out hospital procedures with young patients to help ease their fears.

who feel that they can't advocate for themselves," says Ms. McBride.

One parent might say, "I really like this doctor, but he seems so busy. I'm afraid to approach him, yet I'm confused about what's going on." A CLT may encourage question-asking.

"I've got three other kids at home. I want to be here, but they need me too." A CLT understands the parent's frustration.

"We're life-smoothers," Bob Conover says.

Doernbecher's "life-smoothers" are not required to have a medical background. According to Ms. McBride they are required to have a baccalaureate degree, a background in growth and development, and a desire to work with children. "Most importantly," Ms. McBride adds, "they must possess warmth and sensitivity."

"I don't think you can train for the job," says Bob Conover. "You must be compassionate, but not get all balled up in it. You must build a little wall," he says, indicating one a bit above his ankles, "between yourself and the situation."

"And you must have a life of your own outside the hospital," adds Sally Bowles. "Otherwise, it could be overwhelming. We learn to take one day at a time and look at how to make it better."

Ms. McBride's professional input is readily available to the CLT's as they search to make days better for their young charges. Individual and group meetings are scheduled weekly to talk over concerns. "And I'm always at hand on an informal basis," adds Ms. McBride, should a need arise.

CLT had its beginning at Doernbecher Hospital in 1974 when sophomore medical students were assigned one child to visit consistently for a minimum of 15-minutes daily until discharged. They were instructed to avoid the child's medical problems and to instead deal with feelings — to practice being professional in a personal way. The children withstood hospitalization remarkably better.

Nursing service, hospital administration, and the department of psychiatry in the School of Medicine were supportive of the child life concept. Job descriptions were

written and Child Life Therapy was underway.

Time was, when illnesses were taken care of at home. Children weren't separated from families and familiar surroundings, the family physician was the sole provider of care, and friends and neighbors rallied 'round to provide emotional support. Complex and sophisticated treatment of disease has changed all that, plunging parents and children into an unfamiliar and often frightening world. Child Life Therapists ease the way.

Right now, Sally Bowles is talking with the parents of a four-year-old girl with progressive cystic fibrosis. The parents' main concern at this moment, however, is their seven-year-old son who also has cystic fibrosis. He refuses to visit his sister. He asks questions that his parents don't know how to answer. "Sally has made me feel that we are not facing this alone," the mother explains.

That's what Child Life Therapy at Doernbecher Memorial Hospital for Children is all about.

Long-time employees say farewell to the University



Dr. William Snell, professor and head of orthopedics and rehabilitation, is retiring to travel and pursue other professional interests. A graduate of the University of Oregon, Dr. Snell graduated from the School of Medicine in 1945 and served his residency here. He started as an instructor in orthopedics in 1951.

Dr. Snell has held many clinical appointments, including chief of orthopedic services at the Crippled Children's Division.

In 1961 he was a traveling fellow to Great Britain. He is a member and past president of several committees and professional organizations and serves on the program committee of the American Academy of Orthopedic Surgeons.

During his time at The Oregon Health Sciences University, Dr. Snell worked

with five deans and 75 residents. "That's what I'll remember with the greatest joy — the residents," he said.

Several other OHSU employees retired recently. Betty Stewart, former food service supervisor, came to the University in 1956. Since retiring, she has been working on her house and "catching up on all the things I didn't have time to do when I was working," she said, adding, "and I'm loving every minute of it!"

Harold Potter, a painter in physical plant since 1965, is serving as a missionary in Haiti. He and his wife will be there for two years.

Geneva Schultz, who started working here in 1969, was a custodial worker in hospital housekeeping.

Another recent retiree, Russell Frey, a maintenance worker in physical plant since 1974, is living in Vernonia.

And, after 18 years of employment at The Oregon Health Sciences University, Phyllis Seid has retired as supervisor of accounts payable.

Dr. William Snell, professor and head of orthopedics and rehabilitation, has announced his retirement. Here, he takes time out to reminisce about his 30 years in orthopedics at the OHSU.

Appointments: Three fill key positions on 'Hill'

Dr. Rodney K. Beals has been appointed head of the division of orthopedics and rehabilitation, department of surgery, at the School of Medicine and Crippled Children's Division.

The division of orthopedics and rehabilitation treats diseases of the bones and joints by medical and surgical methods. The division participates in the training of medical students, sponsors a training program for specialists in orthopedics, and conducts research as well as providing orthopedic care for patients at the OHSU.

Dr. Beals is one of several orthopedists in Oregon who have been elected to the American Orthopedic Association. He is president of the Western Orthopedic Association, an organization of orthopedists in 10 western states, and is on the board of editors of *The Journal of Bone and Joint Surgery*, which is the leading journal of the specialty.

He has published more than 50 scientific articles in medical journals.

Dr. Beals is a graduate of Willamette University and of the OHSU's School of Medicine. He interned at the Minneapolis General Hospital and received one year of training at the San Bernadino County Hospital before returning to complete his orthopedic surgery training at the OHSU's hospital and clinics.

In 1970, Dr. Beals was selected to be a traveling fellow by the American Orthopedic Association and has visited orthopedic centers around the world. In 1973, he returned on sabbatical to one of these centers in Auckland, New Zealand, where he practiced and carried out research.

Although a general orthopedist, Dr. Beals' special interest is the study of growth and development of the skeleton and of inherited abnormalities of the skeleton.

The goal for the division of orthopedics, according to Dr. Beals, will be to increase its commitment to high quality training, medical care and research.

Dr. Alfred J. Lewy has recently been appointed director of the first sleep and mood disorders laboratory at The Oregon Health Sciences University.

Dr. Lewy, who is board certified in psychiatry, is assistant professor in the department of psychiatry in the School of Medicine.

Most recently a staff psychiatrist at the Clinical Psychobiology Branch of the National Institutes of Mental Health, Dr. Lewy attended the University of Chicago where he received an M. D. and a Ph.D. in pharmacology, as well as a bachelor of science degree in biochemistry. Dr. Lewy did his internship and psychiatric residency at Mt. Zion Hospital in San Francisco.

A major accomplishment of Dr. Lewy's research while at NIMH was the development of a method for measuring blood melatonin, a hormone closely associated with biological rhythms. He will continue to study the effects of light on melatonin secretion and other circadian rhythms such as sleep and body temperature in the OHSU's sleep and mood disorders laboratory.

Other areas that Dr. Lewy plans to conduct research in are physiological abnormalities associated with blindness, including insomnia and depression, and the effects of sunlight deprivation which occurs with invalids, hospitalized patients and night workers.

Dr. Lewy also has an interest in exploring "jet lag" and the tendencies toward being "morning" or "night" people. He is particularly interested in studying individuals with seasonal disturbances, such as people who become depressed in winter and recover in the spring.

Arlene Teegardin Corneil has been appointed nurse coordinator of the continuous ambulatory peritoneal dialysis (CAPD) program at University Hospital.

Ms. Corneil has been employed since



Pictured above, reading far left to right are: Dr. Rodney K. Beals, Dr. Alfred J. Lewy, and directly above, Arlene Teegardin Corneil.

1976 at University Hospital, where she most recently served as assistant head nurse of the kidney transplant/dialysis unit (5C).

CAPD is a newly developed portable dialysis method used for some patients with chronic failure as an alternative to hemodialysis.

University Hospital was the first in the country to offer this form of dialysis to infants and children. Since February 1979, University Hospital has treated some 26 patients, both adults and children, by CAPD.

In her new position, Ms. Corneil will instruct outpatients and parents in the skills needed to care for themselves and their children at home by CAPD.

Ms. Corneil received her bachelor of science degrees in nursing and general studies at Southern Oregon State College. She is also a member of the Oregon Nurses Association.

Hypnosis — a valuable clinical tool in dental practice

Once dismissed by many as, at best, a hocus-pocus parlor stunt and, at worst, a mind-controlling device of the devil, hypnosis is now reaping scientific respect as a useful clinical tool.

Scientific use and respect, however, has been a long time coming, despite the fact that the American Medical Association endorsed the inclusion of courses in hypnosis in medical school curricula nearly a quarter of a century ago. And despite the fact that the board of trustees of the American Dental Association shortly thereafter agreed that under the right circumstances hypnosis could be a useful instrument and encouraged more research.

"A common reaction of patients is, 'I've never felt so relaxed, but I don't think I was hypnotized.'"

In the late 1940's, dentists began to form clubs to study hypnosis; scientific articles on the uses of hypnosis in dentistry began to appear in professional journals.

Respectability was enhanced by the formation of two major professional societies. The American Society of Clinical Hypnosis, established with 20 professional members in 1957, today numbers nearly 3,000. The Society of Clinical Hypnosis membership runs closely behind. Traditionally, admission to the two organizations has been limited to psychologists, physicians, and dentists.

Hypnosis to ease the pain, fear and physical problems associated with dentistry is a special interest of Dr. Henry J. Clarke, School of Dentistry director of the division of behavioral science.

Accordingly, Dr. Clarke has developed a course, "Clinical Hypnosis in Dental Prac-

tice," that is offered each year to 35 senior students.

"The class is designed to be introductory," said Dr. Clarke. "Those interested in a more in-depth approach to the uses of hypnosis are encouraged to seek further training."

In the initial sessions of the class, students explore the history of hypnosis in dentistry. "And it's a long one," said Dr. Clarke. "In 1837, for instance, a French dentist reported using 'mesmerism' in extracting teeth. In 1847, again in France, dentists removed a tumor from the jaw of a hypnotized patient."

As dramatic as those events were, the news of the dependable results of "miracle" anesthetics, ether and chloroform, put the successes of the French dentists on the back pages of the dental professions' mind.

"But today, hypnosis is on a scientific upswing," said Dr. Clarke, "following the increased interest in the value of altered states of consciousness such as meditation and yoga."

Dr. Clarke describes hypnosis as an altered state of consciousness involving relaxation in which a person develops heightened concentration on a particular idea or image for the purpose of maximizing potential in one or more areas.

In dentistry, this maximization of potential may help a patient who is terrified at the mere sight or sound of a drill to open wide with equanimity. It may enable a patient to have a tooth filled without an injected anesthetic. Perennial gaggers, with the aid of hypnotic suggestion, may find themselves unable to gag when the insides of their mouths are touched. Bruxism may come to a halt when tooth-grinding patients helped with hypnosis automatically recall the phrase, "lips together, teeth apart."

Bleeding, even that of hemophiliac patients, may respond to hypnotic suggestion.

Said Dr. Clarke, "The key to getting vasoconstriction is the use of very specific, concrete, meaningful and familiar suggestions of experiences that would in fact cause vasoconstriction. One might suggest pressure or tourniquets, ice on certain parts of the body. But the suggestions should not be unpleasant," Dr. Clarke hastened to add.

Dental students in Dr. Clarke's class are encouraged to use an unaffected, smooth-flowing, natural, monotonous flow of words to help their patients achieve relaxation and focus. "Words that the subject interprets as helpful and reassuring aid hypnosis," Dr. Clarke said, "as well as words that encourage pleasant imagery."

"Those patients who have the most to gain respond best to hypnotic suggestion — those who want to overcome fear, pain, destructive habit or physical problem."

Ninety-five percent of the general population can be hypnotized to some level, according to Dr. Clarke. Of those, 15 percent can reach to deeper stages. Considered best subjects are those who have the ability to concentrate and focus attention, an openness to new experiences, and a willingness to comply with suggestions.

"A common reaction of patients who have experienced hypnosis is 'I've never felt so relaxed, but I don't think I was hypnotized'," said Dr. Clarke. "They expect something much more dramatic."

Dr. Clarke expects that only a handful of the students who attend his class will formally use hypnosis in their practices. "But most will make use of hypnotic principles to some extent," he said, "through their use of language, positive statements, and their powers of suggestion."



Congressmen Ron Wyden (D-Ore.) and Henry Waxman (D-Calif.) visited The Oregon Health Sciences University campus briefly during the Congressional recess in August to discuss the recently approved reconciliation package that includes major revisions in both discretionary and entitlement health programs. Congressman Waxman (pictured left) is chairman of the House Sub-Committee on Health and Environment, of which Wyden is a member.

Children's dental clinic is wide open for patients



"WANTED: More Young Patients."

If the School of Dentistry's children's clinic could post a classified ad, so it would read.

According to the American Society of Dentistry for Children, more than half the youngsters in the United States have never been to a dentist. Fifty per cent of all two-year-olds have one or more decayed teeth. These statistics are confirmed by Dr. Arthur Retzlaff, chairman of the department of pediatric dentistry at the School of Dentistry.

Why the neglect? "Two basic reasons," said Dr. Retzlaff. "Frequently, parents' own anxieties about visiting a dentist keep them from scheduling checkups for their youngsters. Then, there is the popular notion that baby teeth fall out anyway, so why not postpone appointments until the permanent teeth come in? Both reasons conspire to keep children out of dental chairs."

According to Dr. Retzlaff, prevention of tooth decay should be on every parent's mind from the milestone moment when the child's first tooth emerges.

He cites "nursing bottle mouth" as a common dental malady among infants. "Unsuspecting parents who allow their babies a bottle, especially one filled with juice or Kool-Aid, are creating a great bacterial medium for tooth decay."

Dr. Retzlaff recommends that dental visits begin at three years of age, or sooner if suspected problems exist. He suggests that

parents consider the School of Dentistry when making that first appointment.

"Here at the clinic, we emphasize the virtues of prevention as well as on making visits to the dentist a pleasant routine experience for the child. The combination of early checkups, a proper diet, fluoride supplement, and good oral hygiene at home can mean the difference between a mouth full of troubles and a happy smile," he said.

At the School of Dentistry's children's clinic, 160 undergraduate dental students and eight pediatric dental residents see approximately 700 children each month. "Yet, we are always in need of more young patients," Dr. Retzlaff said. "Appointments with many children give the dental students a broad base of expertise."

Care at the children's clinic is highly supervised and makes use of the latest equipment and advanced techniques. "Undergraduate dental students treat the less complicated dental problems," Dr. Retzlaff said. "Residents do the specialized work."

Children as young as 15 months have been treated at the clinic. "Our cut-off age is around 12 years," Dr. Retzlaff added, "and we are equipped to treat both mentally and physically handicapped youngsters."

The clinic charges for treatment at about half the rate of private fees.

For more information on the services provided by the clinic and the hours they are open to treat children, the parents of prospective patients can call either 225-8880 or 225-8871.

"There are no special requirements to visit the clinic," Dr. Retzlaff emphasized. "If a child needs dental care, we are available."

Regular dental check-ups at the children's clinic are old stuff to Melissa Levin. Here, Dr. Arthur Retzlaff takes a look at her molars.

SN faculty, Nursing Service pool resources to strengthen ties

In January of 1980, the School of Nursing sat down as a school and made a commitment to strengthen ties with its close neighbor on the hill, University Hospital. In one sense, the tie-strengthening commitment was based on dollars and cents — School of Nursing faculty, hired on a nine-month basis, available for three months of work; and University Hospital, caught in the nationwide nurse-shortage crunch, was sorely in need of help.

What better place to refresh professional skills than right in the School of Nursing's own backyard? At the same time, by practicing in University Hospital, faculty could contribute to the quality of patient care and form a stronger link between the school and hospital.

Essentially, Faculty Practice Activities is a contract with the Hospital for faculty hours," said Donna Schantz, School of Nursing associate dean for finance, administrative and clinical affairs, who assumed responsibility for the program. "But it has evolved into far more than a 12-month appointment for 360 hours of work per faculty participant."

Dean Carol Lindeman of the School of Nursing and Dr. Donald Kassebaum, vice president for hospital affairs, put Faculty Practice Activities in motion. Also involved were Gale Rankin, then director of nursing services, along with Ms. Schantz and June Satchfield, assistant director of nursing services, and later Sylvia Sather, now acting director of nursing services. Together they evolved the framework for the program and compared resources and needs.

"We set up the mechanism," Ms. Schantz said, "but the personal negotiations between faculty and appropriate people in nursing service made the success story. A faculty person might say, 'OB is my area of expertise. I'd like to increase my skills by working with patients,' with the Hospital responding, 'Yes, we have a need. Can you join us?'"

Fifteen faculty signed up. Today there are more than 30 — representing one-third of the School of Nursing's teaching staff.

So quickly did the program grow, that

Jane Fairbanks, assistant professor at the University of Colorado School of Nursing, was brought in as a summer-long consultant to add nuts and bolts to the program as well as to help define long-term goals. "Never have I experienced such enthusiasm, such regard for common purpose," she said. "The program represents true collaboration."

Collaboration between nursing education and nursing practice has been in short supply in the past decade. As the nursing profession has struggled to establish recognition of its own body of knowledge and own specialized skills, what students learned in the classroom quite often didn't match-up with the realities of the hospital halls — "leading to discontent, job hopping and contributing directly to the shortage of nurses," said Ms. Fairbanks, who suggests that it is high-time the two got together.

"I agree 100 per cent," said Ms. Satchfield. "Faculty Practice Activities is helping us reach across a gap that we knew was there but didn't quite know how to bridge. It has promoted credibility on both sides. The practicing nurse sees the academic nurse at bedside and says, 'She's good. She

knows what she's talking about.' And the faculty person, working hand in hand with the staff nurse can say, 'That's good nursing practice and at current level.'"

"I can learn from you," is mutual motto as Faculty Practice activities strengthens ties between nurses on "the hill."

Dr. Charold Baer, School of Nursing professor and chairman of the department of adult health and illness nursing, has worked in a variety of roles during Faculty Practice Activities. "I've become involved in nursing service's new staff orientation and their in-service classes," Dr. Baer spoke with obvious enthusiasm of her involvement in direct-patient care of critically ill patients. "I'm a clinical specialist in nephrology," she said. "Faculty Practice Activities keeps my proficiencies up to date."

"It's exciting, with definite rewards," said Dr. Christine Tanner of her experience with the program. Dr. Tanner is a School of Nursing associate professor and coordinator of

graduate adult health and illness nursing. She told of four workshops relating to aspects of nursing diagnosis that she was involved in developing. "I like to think that my being there helped the workshops happen," she said. "But most importantly, nurses are working together on 'the hill' toward a common goal."

Last May, faculty and nursing service administration met in retreat, the first such meeting in the School's history. Plans for Faculty Practice Activities were formalized; goals defined; joint task forces assigned to study and make recommendations on such issues as negotiations between staff nurses and faculty, accountability on the job.

"But more than that happened," said Ms. Satchfield. "Mutual trust and respect was established."

Said Ms. Schantz, "It was one thing for administration to set up the mechanism and be excited about it. The success of the project depended upon whether or not faculty and nursing service would respond — whether there would be a match."

A match there was. With Faculty Practice Activities, "I can learn from you," has become a mutual motto.

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