



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.

\$26 million opens doors to biomedical research institute

The largest private contribution in the history of the Oregon Health Sciences University — \$5 million — coupled with an appropriation for nearly \$21 million from the federal government have made an Institute for Advanced Biomedical Research at the OHSU a reality.

A Portland couple, who wish to remain anonymous, made their \$5 million gift to the Overseers of the University "to begin creation of a new entity, an institution devoted to advanced biomedical research, but thoroughly integrated into the academic fabric of the OHSU." Funds will be used for the operation of the Institute.

The \$20,790,000 appropriation, for construction, was included as a part of the joint resolution passed by Congress and signed by President Reagan in mid-December and came as a result of efforts of Oregon's senior senator, Mark Hatfield, chairman of the Senate Appropriations Committee.

In announcing the receipt of the gift and the federal money, OHSU President Leonard Laster said, "These actions represent extraordinary expressions of faith in the quality of the OHSU and its future potential." At the same time, he emphasized that the Institute's funding will not diminish the impending reductions in faculty size and enrollment in the schools of dentistry, medicine and nursing and the curtailment of some services on The Hill due to proposed state funding cuts.

"The creation of the new Institute reflects a felicitous partnership between private citizens and the federal government," President Laster said. It is noteworthy that while the donors of the \$5 million did not stipulate a legal matching requirement, it is their "hope and trust that a spirit of matching will be engendered in the community" and that their contributions and others to follow will be treated as supplements to the budget of the University and not as substitutes for state funds.

"The federal appropriation is a farsighted and prudent action that will, over the long run, contribute significantly to the economic resurgence of Oregon and the Pacific Northwest," the president said.

"The Institute," he added "will embrace a commitment to excellence in the pursuit of new knowledge for the prevention or cure of human disease and excellence in the training of the next generation of scientists and clinicians whose task it will be to apply that new knowledge at the bedside."

The new center will be fully integrated into the teaching and patient care mission of the University, and its staff will devote its efforts to the elucidation of problems at

the cutting edge of such fields as brain sciences, the control of growth, aging, tissue regeneration, immunology, genetics, molecular biology or cancer.

"Although the value of biomedical research is a self-evident good in its own right, it should be noted that a strong research program must be an integral part of a high quality academic health center. Benefits from this new institute will ripple through the educational and patient care activities of the University for decades to

come. While it was originally conceived solely for the purpose of expanding the margin of excellence on Marquam Hill, it is comforting to note that if economic vicissitudes that lie ahead should force us to contract our academic basic science departments, the staff of the Institute will help mitigate the negative effects of those actions on the strength of our teaching programs. The Institute will serve as a local safety net for the quality of our education-

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President urges faith in future of The OHSU

To My Friends and Colleagues:

Ruth Ann and I have decided, in light of the problematic state of the economy to forego individual cards and to send our seasonal greetings via the OHSU News. Had we sent cards, they would have carried this message:

"The inclination to Goodness is imprinted deeply in the nature of man . . ."

The Essayes or Counsells Civill and Morall of Francis Bacon.

May the coming year bring you happiness.

*Ruth Ann and Leonard Laster
Oregon Health Sciences University*

Although these are difficult times for many of us, and we who have devoted our careers to higher education and to the education of health professionals in particular are by no means immune to the problems, I maintain a firm belief in Bacon's words. I trust that the good sense of the people of Oregon will not permit this splendid institution to be eroded unconscionably. When they understand fully the irreplaceable value of your work on Marquam Hill, I believe that Oregonians will speak out and act decisively to preserve the Oregon Health Sciences University through adversity and to foster it during the inevitable ensuing prosperity.



OHSU employee Laurie LaVoie lent his time, cheek and ear to the children's holiday party Dec. 15.

Let us go about our daily tasks with equanimity and faith in the future. Let us sleep soundly and wake each morning to new wonders.

With good wishes and warm regards,

Leonard Laster

Gift to The OHSU begins development of Raaf Chair in Neurosciences

A chair in neurosciences, named in honor of Dr. John Raaf, will be established in approximately five years in the School of Medicine, Oregon Health Sciences University.

With an initial gift of \$500,000 to the OHSU Foundation, the Portland-based Neurological Sciences Foundation has chosen to recognize the outstanding contributions to medicine and science by Dr. Raaf, the highly respected neurosurgeon who has practiced in Portland since 1936.

"We are pleased to accept this \$500,000 gift for the purpose of developing a fund to endow a chair in honor of Dr. Raaf," said Robert Wilson, chairman of the OHSU's Board of Overseers. "The donor organization intends that a drive be under-

taken over a period of five years to fully endow the John Raaf Chair in Neurosciences for \$1 million. Income in the meantime, will be used to support academic activities in the division of neurosurgery and to maintain the value of the endowment against inflation."

Dr. Raaf's association with the School of Medicine has continued since 1936 when he joined the clinical faculty in the department of surgery. He was head of the division of neurosurgery for more than 20 years and established the residency training program in neurosurgery in 1947. His contributions to the medical community have been recognized with an honorary membership in the School of Medicine Alumni Association and with a certificate

of recognition and commendation from the medical staff of Good Samaritan Hospital, where he served as medical staff president in 1958 and as a member of the board of trustees from 1974-1979.

"It is especially gratifying, when support from state and federal sources for academic health centers is declining precipitously, to receive this expression of confidence in the future of Oregon's health sciences university," said Dr. Leonard Laster, president of the OHSU. "We are pleased to recognize the commitment to excellence implied by the name of this endowed chair. Dr. Raaf's career has reflected both abiding concern for patients as human beings and exceptional technical skill. When the time comes to activate the John Raaf Chair

in Neurosciences, a thorough search will be conducted to identify a neuroscientist of the highest caliber to be the first incumbent."

Said Dr. Harold Paxton, professor and head of neurosurgery: "The establishment of the John Raaf chair honors a distinguished contributor to the community and the progress of neurosurgery. This chair ensures that his contributions will continue in perpetuity."

Dr. Raaf came to Portland following the completion of a fellowship in general and neurological surgery at the Mayo Clinic. He received his doctor of medicine degree from Stanford University, a master of

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Marquam Hill Society forms, pledges support to University

A group of Oregon residents committed to developing continued intellectual and financial input into The Oregon Health Sciences University has formed and is actively pursuing projects intended to gain expanded support for the University.

An offspring of the recently established Board of Overseers, the major citizens support group of the OHSU, the Marquam Hill Society already has organized two "friend-raising" trips which have taken

Research institute

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activities and taken in its entirety, it can achieve nothing but good for the institution and the people it serves."

Also, said President Laster, the Institute will help underscore Oregon's strong system of higher education which will attract businesses based on high technology and scientific creativity.

Speaking for the Board of Overseers, Robert Mitchell, vice chairman and chairman of the public policy committee, said, "Oregon citizens can take great pride in this announcement, for it recognizes the dynamic force of the Oregon Health Sciences University in biomedical research. The addition of this facility will bring additional highly qualified medical research people to our community. It should be recognized that this facility will not be an added burden on state and local funds. Rather, the operating costs will be met through private endowments and federal grant support."

President Laster added: "The next task is to complete the funding for the operation of the Institute through private philanthropy. We will need to augment the first \$5 million with an additional \$10 million from private and foundation sources.

A location on campus for the Institute has not been selected, but a possible site for the 60,000 square foot facility is behind the Basic Science Building on the west side of the campus. Dr. Laster said he hoped construction could begin no later than 1984.

A faculty group has been named to advise on the evolution of the Institute. "We shall design and create a research enterprise of the highest caliber to serve the people of Oregon and, indeed, of the entire country, with skill and productivity," the president concluded.

Acceptance of funding for the Institute must be approved by the State Board of Higher Education, the governor and the state Legislature.

University President Leonard Laster to southern Oregon and Bend, and is sponsoring a lecture series on campus this year featuring distinguished members of the OHSU faculty.

The Society was formed last June after interested citizens were invited to attend meetings on The Hill to learn about the University from members of the executive staff and faculty. Of the approximately 250 citizens attending those two meetings, a significant number are either full members of the Marquam Hill Society, pledging \$1,000 a year for five years, or are contributors.

"Those meetings were very enthusiastically received," said Betty Gray, chair of the Marquam Hill Society Steering Com-

mittee and a member of the Board of Overseers. "I think people just hadn't realized what was going on up on The Hill, and they were fascinated and anxious to be as supportive as possible."

The Marquam Hill Society will continue to solicit support for and increase understanding of the OHSU throughout the year with additional projects, including "friend-raising" trips to Eugene and La Grande.

"Certainly one of our aims is to have this university recognized as a statewide institution," Mrs. Gray said.

Mrs. Gray said she is excited about the role the OHSU plays in the community and wants to recruit new members to the Society who share her enthusiasm for the University and its programs and services.

"I guess I just believe the strength of any community depends on the health of it," she said. "I think that training doctors and nurses and dentists is extremely important. We know that their educations have to be an almost daily kind of thing or their knowledge and information becomes obsolete. It would seem to me that a health sciences university is one of the most vital activities in any state. And I think it is terribly important that Oregon citizens get behind their health sciences university."

Members of the Marquam Hill Society Steering Committee besides Mrs. Gray are Ruth Ann Laster, Helen Bledsoe, Elizabeth Hirsch and Josephine Pope, all of Portland; Joanne McAdam, of Eugene; and Jean Radow, of Lake Oswego.

A group of staff members on The Hill frequently in contact with patients is learning basic sign language as part of a two-phase course intended to enable University Hospital to communicate better with deaf patients. The first part of the 40-hour course, which began in October and was offered once before in March, is teaching 20 employees the signing of basic phrases pertinent to their departments. The class is open to employees with extensive patient contact, such as those who work in dental service, the outpatient clinic, emergency, the pharmacies, etc. The signing phase is taught by Zelma (pictured) and Conrad Hokanson, who are both deaf. In the second phase of the course, instructor Terrijo Christenson explores the social, cultural and psychological aspects of deafness.



Study explores surgery on pituitary tumors

Dr. David Cook is in the midst of a research project he hopes will provide a method of countering the drastic effects of pituitary gland tumors.

It is as small as an acorn, yet the task of the pituitary gland is huge. Located at the base of the brain, it is the master controlling gland for all hormones in the body. And if its function is impaired by the presence of a tumor, the effects can be drastic.

Dr. David Cook, associate professor of endocrinology in the School of Medicine, has spent the last three years studying those effects. He hopes one particular method of countering them will be manifested through his research.

Although almost never malignant, according to Dr. Cook, pituitary gland tumors can be harmful in two ways. A tumor's mere presence can impinge on ophthalmic nerves (causing what Dr. Cook calls "size effects"), interfering with normal vision and causing headaches. It can also act on and interfere with the normal production of hormones ("cause effects").

Dr. Cook's research explores the use of the transphenoidal pituitary adenectomy, the operation that removes the pituitary tumor. Since June 1978, Dr. Cook has studied about 50 patients at the OHSU's Clinical Research Center. Patients who enter the clinic are studied before and after surgery (if surgery is necessary), and are followed for five years thereafter.

Dr. Cook hopes to discover if "this fairly new surgical technique" is the best of the alternatives available for treating pituitary tumors, and if it is particularly effective in specific cases.

"With our ability now to measure hormones in the blood and our improved ability to X-ray the pituitary gland, we are finding pituitary tumors more and more frequently," Dr. Cook said. "We need to know if this is a good way to treat them."

Using this method of treatment, the sur-

geon (Dr. Cook works in conjunction with Dr. Harold Paxton, University Hospital's head of neurosurgery) makes an incision underneath the patient's upper lip and approaches the pituitary gland from under the nose, through the sphenoid sinus.

"What we might find," Dr. Cook said, "is that this is a form of surgery best for certain types of patients. Early data suggests that the smaller the tumor, the better chance of cure with this form of therapy. If it gets too large, it is very hard, working down in this little hole, to achieve complete success."

One of Dr. Cook's objectives is to compare this treatment with other forms of therapy now being used elsewhere in the world. Those include a method in which seeds of radioactivity are implanted in the pituitary gland tumor, X-ray treatment, and radiation with heavy alpha particles which are used instead of rays.

The effects of a pituitary tumor are varied. If a pituitary tumor is interfering with the pituitary gland's production of hormone and it is producing too much growth hormone, for instance, a youth still in the growing stages will grow excessively, developing what is called "gigantism."

Conversely, if the gland is producing too little growth hormone, the youth will stop growing. An adult beyond the growing years whose pituitary gland is producing growth hormone in excess will develop

"acromegaly," a condition which causes the hands and feet to grow excessively. If the tumor is successfully removed from the pituitary gland of an acromegalic, any matter that is soft tissue will regress, Dr. Cook said. Bony matter will not regress, but will cease to grow.

Successful removal of the tumor, however, depends on removal of the source of the hormone. And sometimes the source is not in the pituitary gland itself.

"The hypothalamus, located just above the pituitary in the brain, exerts some chemical control on the pituitary," Dr. Cook said. "Say there isn't anything wrong with the pituitary, but the problem is centered just above it, in the hypothalamus. Obviously, if we remove the tumor but didn't do anything about the initial culprit, another tumor will develop."

Already out of Dr. Cook's research has come an increased ability to distinguish between pituitary tumors and developmental diseases. Not all of the patients who have been treated by Dr. Cook in the Clinical Research Center have had a pituitary tumor, and with meticulous testing, Dr. Cook has spared some the necessity of surgery.

"One of the benefits has been that although there was a suspicion of a pituitary tumor, we were able to find other causes that were treatable," Dr. Cook said. "This is a significant outcome."



Rod Boutin of Portland was the winner of this year's version of the All Hill Uphill Downhill 10 kilometer run sponsored in October by the All Hill Student Council. Boutin finished the race in 36 minutes, 11 seconds, more than two minutes ahead of second-place Steve Hanns (38:39). Bob Sims (pictured), a third-year medical student, was third in 40:57.

THE OREGON HEALTH SCIENCES UNIVERSITY

Vol. 10, No. 5
January 1982

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Bryce McCauley, seven, is one of the many developmentally disabled children who benefit from the Crippled Children's Division's unique Interdisciplinary Training Program. The program trains members of different helping professions, such as physical therapist Elaine Ruys (left)

to work together in teams to care for the problems of the developmentally disabled. Bryce's mother, Sandy (right) is learning exercises that will enable her to continue the training of her son while he is at home.

Interdisciplinary program sets CCD apart

Students and members of the helping professions nationwide are learning how to work together to better serve the developmentally disabled through the Interdisciplinary Training Program at the Crippled Children's Division.

As one of the nation's 47 University Affiliated Facilities (UAF) established by the John Kennedy Administration, the CCD was awarded a federal grant in 1967 to be used for the training of teams of specialists that could care for the problems of the developmentally disabled. Fourteen years later, the Interdisciplinary Training Program at CCD is regarded as "one of the top three or four training programs in the country," according to Dr. Leroy Carlson, the program's director.

The primary purpose of the training program, Dr. Carlson said, is to "teach people to work with the other disciplines that impact on the many problems of children and adults with chronic disorders that not only affect their health, but also their education, their well being and the way they get along in society."

Beyond that, the program helps train members of many disciplines as specialists in the area of the handicapped. "Many of the people in the helping professions are scared to death of the handicapped," Dr. Carlson said. "They don't know how to handle them. The handicapped form a sizeable segment of our society that needs this type of help."

In the Interdisciplinary Training Program, groups of trainees from different disciplines work together with staff members to formulate a total plan of care for an individual, usually a child, in the CCD's program. "Interdisciplinary means these students and professionals are working together in a democratic setting where one discipline is not always directing the planning," Dr. Carlson said. "It depends on the particular problem who will be directing, but everyone will have input."

The interdisciplinary process begins with a pre-staffing meeting, where the patient is assessed by a team. The child will then be examined by members of several disciplines and the parents will be interviewed. Parents will receive findings and recommendations in a final conference. After that initial stage, the various professionals deemed necessary to work with the pa-

tient are brought in and one is chosen to lead the assessment process. Schools and other outside agencies are often involved, as well, Dr. Carlson said.

"The trainee will probably be involved in all of these stages," he said. "The students will perform examinations under supervision. They're not going to learn as much by observing as by doing."

What makes the CCD's program unique is that it is the only center in the UAF system in which the crippled children's services and a UAF program are combined,

The CCD's program is the only center in the UAF system in which the crippled children's services and a UAF program are combined, resulting in a more complete educational setting.

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The Interdisciplinary Training Program, Dr. Carlson estimates, will serve two-thirds of the juniors in the Oregon Health Sciences University School of Medicine as part of their Child Health course. All pediatric residents and fellows from the OHSU are trained in the program as are pedodontic students from the School of Dentistry. Third- and fourth-year nursing students taking community health and family curricula also will find their way into Dr. Carlson's program as will nursing graduate students.

But the training program serves not only OHSU students but also "anyone who has anything to do with the lifelong problems of persons with developmental disabilities, including mental retardation, cerebral palsy and similar problems," Dr. Carlson said.

"We deal with about 13 different disciplines," he said. "We work hard to train the students of this university, but we also have a very close relationship with Portland State University, its School of Social

Work and departments of special education and speech and pathology."

The program also serves physical therapy students from Pacific University in Forest Grove, and occupational therapy students from the University of Puget Sound, the University of Washington and San Jose State. It also is open to graduate students from Oregon State, the University of Oregon, Lewis and Clark and Western Oregon State College.

Leslie Houghton, a master's graduate from Oregon State, needs six months of practical experience before she can be registered in the state as a dietician. She is getting nine in the Interdisciplinary Training Program.

"I'm getting good hands-on experience," she said. "Actually working with kids is important. I'm also getting used to working with other professionals. It's good to get the practical experience. Everything looks black and white in a book, but it's just not that way."

The CCD's program is especially attractive to clinical psychology doctoral students who must complete a full-time, 12-month internship at a facility that offers a fully approved internship training program accredited by the American Psychology Association. The CCD is one of the few (until recently, it was the only) UAF centers that offers such a program.

"We already have more applicants than we would have ordinarily," said Dr. Ann Garner, training director of psychology in the UAF. "And we have never had any lack of applicants."

Dr. Carlson and his staff of about 45 faculty, half of whom are regular CCD staff members who contribute to the training program, also train members of the helping professions across the country. "We see a lot of educators, physicians and psychologists," he said.

When the CCD received its initial Maternal and Child Health grant in the amount of \$350,000 from the Department of Health, Education and Welfare (now the Department of Health and Human Services), it was a grant in perpetuity. In 1976, the amount of the grant was raised to \$870,000 but it also was placed on a five-year renewal basis. The program is up for consideration for continued federal funding in July 1982.

DeWeese named to committee

Dr. David DeWeese, professor emeritus of otolaryngology and medical director of the Portland Center for Hearing and Speech since 1962, has been appointed to the 16-member Advisory Committee to the Director of the National Institutes of Health.

The committee provides counsel to the secretary of Health and Human Services and assists in determining policy for the missions of the NIH, which are biomedical and behavioral research, medical practice and ethics, communications, public health and education. Dr. DeWeese will serve a four-year term.

Landre: 1930-81

Mary Landre, a head nurse at Doernbecher Memorial Hospital for Children since 1975, died August 8 at the age of 51.

A member of the Oregon Nurses Association, district one, and an employee of University Hospital since 1973, Mrs. Landre worked on unit 14A with school-age and adolescent patients, ages five to 18. She was instrumental in implementing primary nursing and a family-centered care program within Doernbecher Hospital.

Mrs. Landre had lived in Portland since 1951 and had recently earned a bachelor of arts degree at Linfield College. She held an associate of arts degree in nursing from Portland Community College.

"Mary will long be remembered at Doernbecher Hospital for her outstanding work, for her sensitivity to the needs of children, and for the high standards she set for herself and those with whom she worked," said Dr. Donald Kassebaum, vice president for hospital affairs and director of University Hospital.

A memorial fund has been established in honor of Mrs. Landre to furnish unit 14A's recreational room. Donations can be sent to the OHSU Foundation (note at the bottom of the check: "In memory of Mary Landre"), The Oregon Health Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, Oregon, 97201.

Dean's Club formed

Improving the two-way flow of ideas between campus and community is the goal of a group formed four years ago by School of Nursing alumni.

The original intent of the "Dean's Club" was to provide financial backing for special projects identified by School of Nursing Dean Carol Lindeman. But, in the last four years, the group has broadened its scope of support.

Today, the Dean's Club, with more than 40 members, including non-alumni nurses, is scheduling forums in which Dr. Lindeman discusses the programs in nursing at the OHSU.

The most recent session, October 22, with directors of nursing service from Portland area hospitals, centered around the role of the school in assisting in the provision of continuing education, Barbara Giesy, Dean's Club member, said. "One of our current objectives is to clear up misunderstandings about the goals and directions of this School of Nursing and in nursing in general," Ms. Giesy said.

"We plan a nursing forum on gerontology and then one for high school career counselors," she added. "Another area we're interested in is interpreting the importance of the school's emphasis on research."

"During the last year we've been working on the school's relationships in the community. We're talking with practicing nurses, determining their needs and finding out how we can work to improve the quality of nursing as a whole."

"We're proud of the fact that Dr. Lindeman is a nationally recognized nursing leader and we think her contribution to nursing in Oregon is sizeable. She is an extraordinary resource to the professionals in this state and we feel we all can learn from her."

Dental school no barrier for wheelchair-bound student

"All men's strengths are drawn from their weaknesses."

The quote belongs to Billie Holbrook. It was not Billie's originally, but it is hers now and has been for some time.

"I really believe it," she said.

Billie is a strong person, surprisingly so for a person who seems to have few weaknesses from which she can draw strength. She has lost the use of her legs to a congenital abnormality and is wheelchair-bound. But that doesn't seem to get in her way very much.

"I feel my age is more of a handicap than my disability," she said. She is 35 and just now entering The Oregon Health Sciences University School of Dentistry. She would like to be thought of as just another 35-year-old who got a late start. But that would be difficult. As the first wheelchair-bound student to be admitted to the dental school, she is not just another 35-year-old.

She is a graduate of Wooster College in Maryland. She is a former member of the Peace Corps who was sent to Bolivia in

1968, and who returned, handicapped, in 1969.

"It was an arterial venous malformation," Billie said. "The arteries grew around my spine and closed off the nerve supply to my legs. It's a fairly rare disease. I was operated on at the National Institutes of Health (in Bethesda, Maryland); and at that time, there were only two other people with the same affliction being observed at the hospital."

Following her operation, it was time to make some adjustments, to reassess some goals that now seemed a little further out of reach. "If you lingered long enough on it," Billie said, "you could get pretty depressed about it."

But Billie was too busy making new plans for the future to linger. She thought of dental hygiene, "because I knew I was going to have to do a lot of sit-down work," she said. So she became a hygienist. And for eight years she worked at that occupation in Tucson, Arizona, until a fire destroyed her office. That brought her to the OHSU School of Dentistry.

Through the Western Interstate Commission for Higher Education, Billie applied and was accepted to the School of Dentistry. That immediately raised the question of how accessible the school was

to Billie and other handicapped persons.

"I figured one very good way to find out," said Dr. Louis Terkla, dean of the School of Dentistry, "was to get a wheelchair, sit in it and take it into every nook and cranny in the building. I went into all the laboratories, lecture rooms and restrooms. I went outside, any place where a student might want to go. I found a number of things I considered barriers, both partial and complete."

With his floor-by-floor list of those barriers in hand, Dr. Terkla then visited Gordon Ranta at facilities planning. The University has some funds that were approved by the legislature and made available through the Chancellor's Office to every higher education institution in the state for remodeling to accommodate handicapped persons. Dr. Terkla then contacted Billie and, through a discussion with her, discovered his list was, perhaps, too complete.

"I found that not being confined to a wheelchair, I had underestimated the ability of handicapped people to overcome barriers," Dr. Terkla said. "Some of the areas that I felt were significant barriers weren't to Billie."

As a result, there are just four additions or modifications, according to Ranta, that are being made in the dental school to ac-



commodate Billie and other handicapped persons. A ramp is being built to the sixth-floor entrance; some of the restrooms are being altered slightly; appropriate parking is being designated and marked; and modifications are being made on some of the equipment Billie will use in the laboratory and clinical areas.

The latter project will entail designing new controls for the equipment that normally is operated by foot pedals. "You can't make universal controls for handicapped people," Billie said, "because everybody has their own handicap."

"There are going to be some obstacles. But this (the OHSU) seems very accessible to me. I'm very positive about everything. Dr. Terkla is a wonderful person. He sent me a letter when he realized I'd been accepted saying he was sincere about making these changes, and that his concern was genuine. I believe him."

Thus far, Billie has received nothing but reinforcement for her decision to attend the OHSU, she said. "When I was looking to apply to a dental school, I felt Oregon was sort of a maverick state. It seemed to me the people here would be the type who would accept me for what I was, not just because of some affirmative action laws. I felt I would be accepted for my ability, not my disability."

Project to improve access to handicapped

More than \$200,000 will be spent over the next six months on construction projects that will make the facilities at The Oregon Health Sciences University more accessible to handicapped persons.

A contract was awarded in early October for modifications and additions to several buildings on campus. The project is being funded jointly from bond proceeds and balances available from auxiliary enterprises on campus and from construction reserve accounts held by the Oregon State Board of Higher Education. The final figure, \$225,000, is some \$800,000 less than was originally requested by the University, but will be sufficient to remedy the most critical problems on The Hill, according to Gordon Ranta, OHSU's director of facilities planning.

"Overall, there are a number of things

that need to be done on campus to improve accessibility," Ranta said. "We are making a start toward that end with this contract."

Concentrated work will be done in the Student Activities Building, where an elevator will be installed and modifications will be made in restroom and lockerroom facilities. The plans also include installation of a wheelchair ramp entering the building.

In addition, restrooms in other buildings on campus will be modified to improve accessibility, and as needed, student laboratory and living spaces will be modified to fit needs of specific individuals.

Two years ago, when Ranta first undertook the job of preparing plans for making the University more accessible, there was more than \$1 million at his disposal. That

money was requested for the 1979-81 biennium and approved by the Legislature. But most of it was lost to the legislative budget cutbacks made a year ago, Ranta said.

Without funding available for the additional projects planned, however, the University still essentially meets the state's handicapped-accessible codes, Ranta said.

"All of the projects we have done for several years have been a consideration in handicapped-accessibility," Ranta said. "We use the code not as confining, but as a guide. In as many cases as possible, we try to do more than the code requires. In fact, we go out of our way to make our facilities accessible so long as funding is available."

Work on the current project began in mid-October.

'Friend-raising' trips take president and staff to Medford, Bend

President Leonard Laster and other representatives of The Oregon Health Sciences University traveled to southern and central Oregon in September and November as part of a "friend-raising" effort organized by members of the Board of Overseers, the major citizens support group of the University, and the Marquam Hill Society.

The OHSU contingent met September 21 with approximately 100 residents of Medford, Ashland and Grants Pass at a dinner meeting at the Rogue Valley Country Club in Medford and November 9 with about 80 Bend-area residents at the River House Inn.

The Medford trip was organized by Otto Frohnmayer, a member of the Board of Overseers, and included stops at Providence and Rogue Valley Memorial hospitals.

Accompanying President Laster were Dr. Louis Terkla and Dr. Carol Lindeman, deans of the schools of dentistry and nursing, respectively, Dr. James Metcalfe, professor of medicine, and Dr. Edward Keenan, professor of surgery and pharmacology.

Guests at the dinner included alumni and non-alumni health care professionals from southern Oregon.

Assisting Frohnmayer in the organization of the event were alumni from the schools of dentistry, Drs. John Price, '50, and Eugene Ray, '50; medicine, Drs. Mario Campagna, '52, Robert Kaufman, '62, Robert Luther, '59, Ralph Thompson, '44, and John Weisel, '52; and nursing, Marilyn



Members of the Medford and Bend communities were on hand to meet OHSU President Leonard Laster and members of the University staff on their 'friend-raising' trips in October and November. Among the guests in Medford were Board of Overseers member and attorney Otto Frohnmayer (above, left) and retired lumberman John L. DeArmond. At right, Becky Johnson, wife of Redmond mayor and Board of Overseers member Samuel Johnson (background, right) greets Sister Katherine, administrator of St. Charles Hospital in Bend. In the background (left) is Michael Hollern.

Winetroust Sterton, '53.

President Laster, Dean Lindeman, Dean Terkla and Drs. J. David Bristow, professor of medicine, cardiology, and Edward Neuwelt, associate professor of neurosurgery, traveled to Bend where they stopped at St. Charles Hospital before attending their dinner meeting with central Oregon health care professionals.

The organizer of the trip was Board of Overseers member Samuel S. Johnson, mayor of Redmond.



The Marquam Hill Society Lectures

EIGHT O'CLOCK P.M.
BASIC SCIENCE BUILDING
ROOM 4320

JANUARY 28
"Strokes — Who Gets Them and How to Treat Them" Frank Yatsu, M.D.
FEBRUARY 25
"New Strategies in the Treatment of Brain Tumors" Edward Neuwelt, M.D.

APRIL 29
"Emotional Problems in Aging" Richard U'Ren, M.D.
MAY 20
"Dietary Fish Oil in the Prevention of Heart Disease: Lessons from the Eskimos" Scott Goodnight, M.D.

Students shown glimpse of future through apprentice program

Three Portland high school students received valuable insight into the medical profession by working at the OHSU this summer.

While part-time jobs at Burger King or Baskin-Robbins may provide more free time for trips to the beach, shopping expeditions or tubing down the river, three Portland high school students found that fun in the summertime meant working at The Oregon Health Sciences University.

Kristina Colbert, Rachel Kimbroko and Mai Khanh Tran, now juniors, were selected from 20 applicants to participate in the Minority High School Student Research Apprenticeship Program and to gain exposure to their future goals: completing medical school and working as physicians.

Funded by a \$4,500 grant from the Department of Health and Human Services, Public Health Service, each student received a salary for working 40 hours a week for 10 weeks under the supervision of physicians on The Hill.

Because of her love of children, Kristina

Colbert would like to become a pediatrician. She wanted to apprentice in order "to learn and gain experience in an area similar to what I think I'd like to be doing," she said.

Ms. Colbert, 16 and a student at Grant High School, worked with Dr. Ann Kiesling, assistant professor of anatomy in the School of Medicine, to determine the nutritional needs of mice embryos. She spent her days feeding mice, counting cells, collecting and analyzing data, and reading research books. In addition, she helped determine the possibility of transferring goat embryos.

Sheep and cattle embryos presently are transferred around the country in an effort to save livestock, according to Dr. Kiesling. But that process has not yet been attempted with dairy goats. Ms. Colbert worked on this project with Dr. Mary Blankevoort, an OHSU veterinarian.

Ms. Colbert, whose interests include modeling, also worked on the Nordstrom Highboard at Lloyd Center as a representative from her school. She participated in a fashion show at the end of the summer. Along with modeling Ms. Colbert's interests include cooking, traveling and reading. Last winter she played center on Grant's junior varsity basketball team, and in the

spring she ran the 400-meter dash at the state track meet.

Unbeknownst to the faculty selection committee, Ms. Colbert's mother, Waneta, is a clerical specialist in the OHSU School of Dentistry.

Rachel Kimbroko, 15, attends Jackson and is considering entering the research field after graduating from medical school. Born in Zaire, Africa, Ms. Kimbroko worked in the microbiology and immunology laboratories under the direction of Dr. Lesley Hallick, assistant professor in the School of Medicine. Her projects this summer centered mainly around attempting to find what triggers malignancy in a DNA molecule. Another project, involving the use of radioactive drugs, was studying the inactivation, or killing, of different types of viruses.

Ms. Kimbroko said that through her apprenticeship she gained the knowledge of "growing bacterial cells, infecting them and then purifying the virus." She also read a lot of textbooks and analyzed data.

Dr. Hallick, who gained her first exposure to the health sciences by working in college science labs as a high school and college student, thought that working with her apprentice was a growing experience for both the student and the teacher.

"As a mentor," she said, "I need to not only give accurate information and advice but to remain objective in my instruction and guidance, never judgmental."

Ms. Kimbroko is involved in Jackson's school choir, the French club and student government. The self-acclaimed "all-out football fan" would like to run for student body president this year. She was involved in a French workshop at Reed College for two weeks in August, where French literature and history were studied along with the language.

A citizen of the United States only since November 1980, Mai Khanh Tran and her family relocated to Portland from South Vietnam in 1975, just two weeks before the fall of Saigon. Although she was only nine, Ms. Tran remembers the country and the people she left behind. Her goal is to be a physician to the Vietnamese people in her native country or in refugee camps throughout the world.

Ms. Tran considered it a "privilege" to work at the OHSU this summer, and thought she gained excellent insight into her career choice. She will graduate this June from Madison, having completed all of her high school requirements in just three years while maintaining a grade point average near 4.0.

Working with Dr. Timothy Carmody, assistant professor of medical psychology, Ms. Tran spent her summer working with several different projects involving animals, exercises and a variety of health care professionals. Her projects included determining the physiological effects of learning and conditioning experiments on animals, and working with patients at the Metro "Y" who are participating in a heart exercise program to determine cardiovascular functioning and conditions. She also helped with the Family Heart Study, a five-year program that will measure the nutrition and metabolism of more than 200 people and their families who are changing their lifestyles in hope of strengthening their physical condition and lengthening their lives.

Ms. Tran also helped write a newsletter, collected and tabulated data, and participated in planning meetings of this multidisciplinary study which involves physicians, dieticians, nurses and psychologists, among others.

All three high school students said that spending their summers in ways different from their peers was well worth it.



Three Portland high school students got a first-hand look at the field of medicine when they participated this summer in the Minority High School Research Apprenticeship Program at The Oregon Health Sciences University. The students worked 10 40-hour weeks under the supervision of physicians on The Hill. From left: Mai Khanh Tran apprenticed under Dr. Tim Carmody, working on several different projects involving animals. Kristina Colbert studied the nutritional needs of mice embryos with Dr. Ann Kiesling, and Rachel Kimbroko worked in the microbiology and immunology laboratories under the direction of Dr. Lesley Hallick.

Raaf Chair

(continued from page 1)

science in surgery and doctor of philosophy in neurosurgery, both from the University of Minnesota. During this period, Dr. Raaf was named to membership in Phi Beta Kappa, Sigma Xi and Alpha Omega Alpha, all honorary societies.

A member of several professional groups, Dr. Raaf has served as president of the American Association for the Surgery of Trauma, the American Academy of Neurological Surgery, the Portland Academy of Medicine, the North Pacific Society of Neurology and Psychiatry, the Pacific Coast Surgical Association, the Oregon Neuropsychiatric Society, the Portland Surgical Society, and the Western Neurosurgical Society. He is also a fellow of the American College of Surgeons, a member of the American Association of Neurological Surgeons, the Society of Neurological Surgeons, the American Surgical Association, the Pan-Pacific Surgical Association, the Western Surgical Association, the Oregon Neurosurgical Association and was a founding member of the American Trauma Society.

Dr. Raaf is currently a member of the Board of Trustees of the Medical Research Foundation of Oregon and of the Sommer Memorial Lecture Advisory Committee. He is a consultant to the editorial board of The Journal of Trauma. In addition, he has published extensively in the field of neurosurgery.

Soviet Union a nice place to visit, but. . .

Ask an American who has spent time in the Soviet Union for a report on that country and the almost universal response is the standby: "It's a nice place to visit, but. . ."

So it was for the School of Nursing's Dean Carol Lindeman and Donna Schantz, associate dean for finance, administration and clinical affairs, who spent two weeks in August touring the Soviet Union as educational co-leaders of a group of 85 medical-surgical nurses from across the country.

As part of her activities on the advisory council for the Professional Services Consultants, which plans travel abroad for health professionals interested in exchanging information with other countries, Dean Lindeman has the opportunity to act as educational leader on one tour each year. This year she chose the Soviet Union and took Ms. Schantz with her. The reviews were mixed.

"It was just the experience of a lifetime," Ms. Schantz said. "But it was a hard trip. When you get away from some of the tourist things and get into some of the clinical facilities, it's difficult. We're used to University Hospital and the expectation that you can reach into a cupboard that is full of the most modern equipment available."

What struck both Dean Lindeman and Ms. Schantz, they said, was the lack of advancement they perceived in terms of health care. "They have such a different approach that it was hard, at times, to make a comparison," Dean Lindeman said.

But at other times it was not difficult.

"If you look at the literature that comes out of the Soviet Union," Ms. Schantz said, "you think of all these high-rise institutes and hospitals and research laboratories; and, indeed, they have those. But in terms of their physical set-up, it was comparable to where we were in the 1950s. They are using old, iron beds and rubber tubing; they have absolutely no throwaways. They see them as a tremendous waste. In terms of technology, they are at least 20 years behind us. That was a real surprise."

In terms of actual health care, Dean Lindeman said she noticed several differences in the way the Soviets treated their patients. One, in particular, was the length of a patient's stay in the hospital.

"For example," she said, "for removal of a gall bladder, the average stay in the United States is five to seven days. The average stay in the Soviet Union is 21 days. They frequently do not get people out of bed after surgery until the third post-operative day. We try to at least have people up the night of surgery. Most are walking the next day."

The philosophy behind getting patients ambulatory as soon as possible following surgery, Dean Lindeman explained, is to stimulate the circulatory and respiratory systems which have been slowed down by the anesthetic. That is what the American contingent attempted to impart to the Soviets. But the Soviets weren't buying it.

"They claim they get better results," Dean Lindeman said. "When you try to discuss the practice, they say the only thing we care about in the United States is the cost. They say there is no scientific basis for what we do; we just get the patients out of bed early to cut costs."

While in Russia, the American group visited five cities — Moscow, Kiev, Tblisi, Yerevan and Baku. At all of their stops, Ms. Schantz and Dean Lindeman found it difficult to exchange notes on nursing with their Soviet colleagues.

"There was very little chance for us to talk with them," Ms. Schantz said. "We were only able to talk to the physician in charge. We wanted to pull together a group of nurses with an interpreter and just talk with them. We asked, and everybody understood and said they would consider it. But it never happened."

But if the nurses were inaccessible to the Americans, they (and the rest of the health care professionals) were totally available to the Soviet citizens.

That was one of the few areas of the health profession in Russia that actually deserved the acclaim accorded it, Ms. Schantz said.

"We just got tired of the propaganda," Dean Lindeman added. "It was disappointing to find health professionals who would not talk about health in terms of the science involved; only in terms of the politics."



Newcomers to The Hill are, from left, Linda Getchell, who fills the newly-created position of planning analyst, Dick Baltus, the new managing editor of the Oregon Health Sciences University News and Dr. Daniel Hall, associate dean for clinical affairs at the School of Dentistry.

Hall, Getchell, Baltus fill dental, finance, News vacancies

Daniel L. Hall, D.D.S. has been named associate dean for clinical affairs at the School of Dentistry.

He replaces Dr. Milton J. Knapp, who retired.

Most recently, Dr. Hall served as chairman of the Department of Family Dentistry in the University of Iowa's College of Dentistry. He holds a master of science degree and a certificate in fixed prosthodontics from the University of Iowa, in addition to his dental degree from the University of Iowa College of Dentistry.

As associate dean for clinical affairs, Dr. Hall will act as chief administrator for the School of Dentistry clinics. He will have the authority and responsibilities for the development, review and implementation

of policies that govern the operation of all clinics in the dental school, according to Dean Louis Terkla.

Dr. Hall was a commander in the U.S. Navy Dental Corps. An active part-time practitioner who was in private practice for 11 years in Iowa, Dr. Hall intends to continue the treatment of patients at the OHSU.

Dick Baltus is the new managing editor of The Oregon Health Sciences University News.

Prior to coming to the OHSU, Baltus worked at The Gresham Outlook newspaper where he served as sports editor for 2½ years and general assignment reporter for one year.

He earned a bachelor of science degree in journalism from the University of Oregon in 1977 and is a 1973 graduate of Woodrow Wilson High School in Portland. Baltus's duties with the OHSU News will include writing, photography and design.

Born in Walla Walla, Washington, Baltus lives in Portland with his wife, Jodie.

Linda M. Getchell has been selected to fill the newly-created position of planning analyst at The Oregon Health Sciences University.

Ms. Getchell earned a bachelor of science degree in public policy and speech from Willamette University in 1979. For the past two years she has worked for the Ex-

ecutive Department in Salem in a two-year public administration training program.

"Her general duties," said Dr. James McGill, vice president for finance and administration, "are to support the institution in the compilation of data for short- and long-range planning and to engage in special analytical studies. Ms. Getchell's employment is an important step for the University in building an institutional research capability."

Ms. Getchell began working at the OHSU in July. She currently is working on a study of the University's parking problems. "Right now I'm talking with people, collecting information and studying alternatives for the parking program," Ms. Getchell said.

Newsmakers

Dr. William W. Howard, professor and chairman of fixed prosthodontics in the School of Dentistry, has been awarded a mastership of the Academy of General Dentistry. Twenty-eight academy members received the award last year.

Dr. Robert Bigley, professor of medical genetics, has been elected to the board of directors of the Multnomah Foundation for Medical Care.

Dr. William T. Moss, chairman of the department of radiation therapy, was awarded a gold medal from the American Society of Therapeutic Radiologists at its recent meeting in Miami. The gold medal is the society's highest honor.

Ralph Tuomi, assistant vice president for facilities management, recently received two honors from his professional organization. He was awarded a Certificate of Appreciation for Outstanding Service to the National Physical Plant Directors Association (NPPDA). The award recognized Tuomi's 10-year service as secretary/treasurer of the regional West Coast association of plant administrators. Tuomi also was elected to a two-year term as regional representative on the National Executive Board of the NPPDA.

Merry Meek, speech pathologist at the Crippled Children's Division, has been awarded the Honors of the Association from the Oregon Speech and Hearing Association. The Honors is the highest award the association gives.

Dr. Robert S. Terkla, a 1955 graduate of the School of Dentistry, was installed this summer as president of the Academy of

General Dentistry, the nation's second-largest dental organization. Dr. Terkla was appointed at the AGD's 29th annual meeting in Denver. He maintains a general practice in Burien, Wash., and serves on the staffs of Highline Community and Valley General hospitals.

Dr. Kleve C. Johnson, a 1955 graduate of the School of Dentistry, has been named president-elect of the Pacific Coast Society of Orthodontists. Dr. Johnson has maintained a practice in Mill Valley and Tiburon, Calif., for the past 20 years.

Dr. Joan Tanner, a 1966 graduate of the School of Medicine, has been appointed by Gov. Vic Atiyeh to the state Medical Examiners Advisory Board. Dr. Tanner will complete the unexpired term of Dr. John D. Marshall, of Portland, who resigned because of poor health. The term expires Jan. 22, 1982.

Dr. Stephen H. Miller, professor of surgery and chief of the division of plastic and reconstructive surgery, was elected to a three-year term on the board of directors of the Plastic Surgery Education Foundation. The foundation, with a membership of approximately 2,200 is the primary group in plastic surgery concerned with education and research.

Dr. Robert J. Demuth, associate professor of surgery in the division of plastic and reconstructive surgery, was elected finance committee chairman at the recent meeting of the American Association for Hand Surgery.

Dr. Orville T. Boyle Jr., a 1955 graduate of the School of Dentistry, has received the

Dentist of the Year award presented by the Oregon Academy of General Dentistry. Dr. Boyle has maintained a practice in Milwaukie, Ore. since 1957.

Dr. Marian Rivas, associate professor of medical genetics, has been elected to a three-year term on the board of directors of the American Society of Human Genetics.

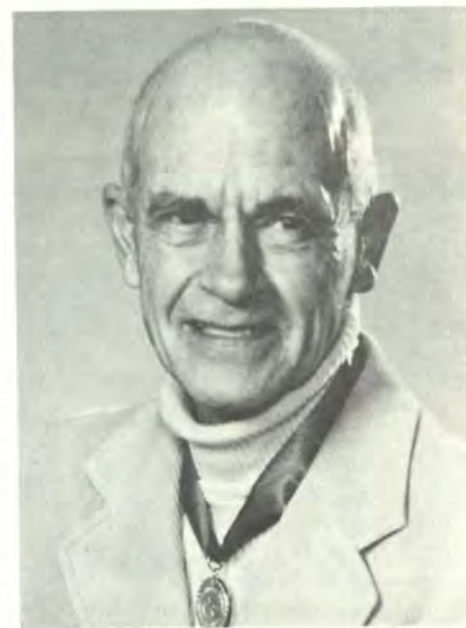
Dr. Carol A. Lindeman, dean of the School of Nursing, was recently named president of the country's major nursing research organization at the 26th biennial Sigma Theta Tau convention in Minneapolis.

As president, Dr. Lindeman will guide the organization in developing resources to communicate nursing's role in addressing health-care issues and strengthening the support for nursing research through increased involvement in research by nurses, greater exchange between nurse scholars and researchers, and increased use of research in education and practice.

During her two-year term, Dr. Lindeman will work with more than 65,000 members of the nursing honor society and with the chapters of 167 colleges and universities in the United States and Puerto Rico.

Dr. Charles T. Dotter, professor and chairman of radiology, was presented the Gold Medal of the Radiological Society of North America November 17 in Chicago for his pioneering work in the field of interventional radiology — the use of X-ray-guided catheters to open blocked arteries or plug bleeding vessels without surgery.

The Radiological Society of North America is considered the leading professional



DR. CHARLES DOTTER
Professor and chairman of diagnostic radiology

organization for radiologists in the country.

The Gold Medal is the second national award Dr. Dotter received in a one-month span. On October 15, also in Chicago, he was awarded the 1981 Grubbe Radiation Therapy Gold Medal from the Chicago Radiological Society for "outstanding work with X-rays."

Dr. C. Donald Nelson, coordinator of the Language Disorders Clinic and associate professor of speech pathology at the Crippled Children's Division, has been named by Gov. Victor Atiyeh to the state Board of Examiners for Speech Pathology and Audiology.

Confusing, bizarre symptoms mark movement disorders

Every Friday afternoon a movement disorders clinic is held in the University Hospital's out-patient clinic. There, Dr. John G. Nutt, assistant professor of neurology, and Dr. John P. Hammerstad, associate professor of neurology, both School of Medicine, see patients who are struggling with the strange, confusing, often misunderstood symptoms of involuntary body movements.

The following is a conversation with the two physicians:

What is a movement disorder?

DR. NUTT: A movement disorder can be any abnormality of motor control. But what neurologists conventionally consider movement disorders are those that are thought to originate from diseases of the basal ganglia, the large masses of gray matter at the base of the cerebral hemispheres.

Do movement disorders have names?

DR. HAMMERSTAD: Parkinson's disease, with its involuntary shaking, is perhaps the best known. Tourette Syndrome is a multiple "tic" condition that begins in early childhood. Huntington's disease is seen in mature adults and is caused by a genetic defect. Meige's Syndrome is an involuntary closing of the eyes, which in some cases may become so severe that the patient is virtually blind. There are more, but these are the most commonly known.

DR. NUTT: In addition, there is a broad category called dystonia. Dystonia is a physical sign — basically a sustained, abnormal posture, such as a wry neck or a twisted arm. Often it's idiopathic — we don't know why they have it. But it's thought that there is an abnormality in the basal ganglia. Dystonia, however, can also be a symptom of a number of other processes — cerebral palsy, head trauma, brain tumor, hysteria . . .

It would seem that a movement disorder could easily be confused with a psychiatric problem.

DR. NUTT: That's true. Sometimes it's very difficult to decide whether a patient has a "real" disease or a psychiatric illness. Movement disorders can be very strange and bizarre. And for a lot of these disorders there is no sure test, nothing to measure in the laboratory and come up with the answer that, "Yes, you have such and such."

So movement disorders are in an area of neurology where clinical diagnosis is the most sensitive instrument that we have. We take a history, learn how and when the symptoms began, how it affects the person, trace the family tree . . .

DR. HAMMERSTAD: The taking of a family history is most important for making some diagnoses. Huntington's disease, for instance, is always hereditary. Since it ma-

nifests itself in later life, it may be passed on unwittingly before any symptoms appear. From the patient we may hear clues, perhaps that a parent died early or disappeared, or that grandpa died in an asylum.

Watching the patient during the taking of the history, is as crucial to the diagnosis as what the patient says.

DR. NUTT: An essential part of the neurological examination is watching the patient as he or she performs simple motor

"We have plenty of grateful patients who are living next-to-normal lives."

tasks. Watching the patient walk — sometimes having the patient walk on tip-toes will bring out the dystonia or other movement abnormalities.

DR. HAMMERSTAD: By what we hear, by what we see, by having seen many other people with similar disorders, we can say, "You have Parkinson's disease," or whatever the disorder may be.

DR. NUTT: And this can be a great relief to many patients — to get the straight story, to know that their problem has a name, that it is not "all in their mind." Although in some cases it may be confirming a dreadful diagnosis.

DR. HAMMERSTAD: To parents, it may be a relief to know that they haven't psychologically damaged their child somehow, caused their child to perform those funny movements.

DR. NUTT: Sometimes, as with Tourette Syndrome, for instance, the diagnosis is made by the family before they see a physician. Frequently, they've read an article in a national publication and say, "Aha! That's what it is!" Whenever such articles appear there's a great increase in the number of patients.

Is diagnosis, or the confirmation of a diagnosis, the main function of the clinic?

DR. NUTT: Certainly, we see a good many patients where the diagnosis has been unclear or where the referring physician is stumped. So that is one of the main functions of the clinic.

DR. HAMMERSTAD: But we also see patients whose disorders are already diagnosed — where the problem is not one of diagnosis but of treatment.

How are movement disorders treated?

DR. HAMMERSTAD: Primarily with drugs.

DR. NUTT: In the past few years there has been increased interest in the chemistry of the brain. Accordingly, treatment of basal ganglia disorders is now focused on neurotransmitter abnormalities — neurotrans-

mitters are the chemicals that carry signals from nerve cell to nerve cell in the brain. There's a lot of interest in manipulating the transmitters chemically with drug therapy.

The best example of this is Parkinson's disease, a disorder in which there is a deficiency of the neurotransmitter dopamine. By administering L-dopa, a drug which can be converted into dopamine in the brain, many of the symptoms of Parkinson's disease may be relieved.

DR. HAMMERSTAD: Some patients we see only once to suggest a drug regimen to their referring physicians. Or, we may say to the referring physician, "You are giving the best treatment available. We have no suggestions."

DR. NUTT: Whether or not we follow a patient's therapy depends on the referring physician. Sometimes they are in search of a second opinion only. Other times they want us to manage the patient's care.

Can drugs cure a movement disorder?

DR. NUTT: No.

DR. HAMMERSTAD: Movement disorders are generally chronic diseases for which there are no cures. Patients require therapy for the rest of their lives.

DR. NUTT: We can't cure, as yet. We try to alter the symptoms of the disease with drugs. But we are not treating the underlying causes, the "why's" of the problem.

Does the clinic try to get at the "why's"?

DR. NUTT: Research is an important part of our program. Right now, some of our Meige Syndrome patients are participating in a double blind study with the drug Artane. Since there's not much known about this disorder or its therapy, patients are willing to help advance our knowledge which, in turn, may prove helpful to them.

Is a cure in sight?

DR. HAMMERSTAD: A long, long, long way up the road — just now being very experimentally approached, in laboratory animals, is transplantation of brain parts. For example, it has been shown that the substantia nigra, the part of the basal ganglia damaged in Parkinson's disease, can be removed from a newborn rat and successfully transplanted to the brain of an adult rat.

Prevention? Hereditary disorders could be eliminated by counseling people who carry the gene not to have children.

DR. NUTT: Right now, management is our best tool. Not only management with drug therapy but by counseling the patient — telling the patient what to expect — along with physical therapy, occupational therapy and, in some cases, biofeedback.

DR. HAMMERSTAD: Success stories here in the clinic are relative, since we can't make the disorders go away. Nevertheless, we have plenty of grateful patients who are living next-to-normal lives.

OHSU grad Lin gets PHS appointment

Dr. Samuel Lin, a 1975 graduate of the OHSU School of Medicine, has been appointed deputy assistant secretary for



health (intergovernmental affairs) by Dr. Edward N. Brandt, Jr., assistant secretary for health.

Dr. Lin will be the principal advisor to Dr. Brandt on leadership and direction of the Public Health Service regional offices and on overall policy coordination of programs which have an impact on state and local health activities. He also will represent Dr. Brandt in relations with national health associations and organizations, as well as with other federal agencies on health-related intergovernmental matters.

Since 1978, Dr. Lin has been director, Office for Europe, Office of International Health, Public Health Service. He has also served as United States executive secretary for the U.S.-U.S.S.R. and for the U.S.-Polish joint committees for health cooperation.

Dr. Lin earned his Ph.D. in experimental embryology from the OHSU School of Medicine in 1973. He joined the Public Health Service in 1975 as an intern at the PHS Hospital in Baltimore. He served with the Indian Health Service in 1978.



Cheryl, one of the quintuplets born in February at University Hospital to David (left) and Vivian Potter was among the nearly 400 persons attending the Neonatal Intensive Care Center reunion picnic at Champoeg Park in September. The event was organized by personnel from the NICC and Volunteer Services.



Dr. Donald Nelson, associate professor of speech pathology, takes a break from his officiating duties to enlighten members of the media on the fine art of hurling at the recent Eighth Annual Tongue Depressor Hurling contest sponsored by the Crippled Children's Division. Dr. Nelson returned to his duties in

time to pronounce Keith Crawford, of management services, the winner with a heave of 27-9½, easily enough to outdistance second-place Bill Levenson's 25-4½ effort. Third place went to CCD Business Manager Rick Mockler, who came up with a 24-11 hurl. The event was held last fall.

Added responsibilities welcomed in new primary nursing model

Jodi Cue was back in University Hospital this fall. She had been there before, but this time something was different.

As soon as Jodi was settled, she met Sheri Malstrom, her primary nurse. Jodi, only five years old, didn't know anything about primary nursing. All she knew was that, in Sheri, she had a friend, someone to look after her for as long as she stayed in University Hospital. And that made her visit a little more fun.

Primary nursing is almost as new to University Hospital as it was to Jodi Cue of Salem. When Jodi was admitted, only her unit, 14A, and two others, 13B and 7C, had converted to the new program. Within four years, however, every patient admitted to University Hospital should be cared for by a primary nurse.

In a primary nursing model, registered nurses are given the responsibility of developing and implementing a nursing care plan for between two and four patients at a time. When the primary nurse is off duty, associate nurses follow through with that plan.

"What it means," said Ardys Symons, assistant director of nursing services at University Hospital, "is a patient, and the responsibilities that go with that patient, are assigned to an RN so that an RN can practice in a more responsible way. It should give her or him more satisfaction."

Primary nursing is taught at The Oregon Health Sciences University School of Nursing. But it is not a particular class students can register for; rather it is more of an overall philosophy, according to Dean Carol Lindeman.

"We teach it as a way of delivering care," she said. "What used to be emphasized was team nursing. For example, if you had a unit of 40 patients you might divide them into two groups of 20, then divide your nurses into Team A and Team B to look at the patients' needs."

"There are a number of problems with that. The patient gets care from a number of different people and the care doesn't seem to have any unity. Nobody on the nursing staff feels responsible if something goes wrong. A number of things fall between the cracks in terms of total patient care."

It is too early to tell if primary nursing is attracting more students to the School of Nursing or more nurses to University Hospital. But one thing is obvious: It is making the nurses already on campus happier.

"The staff nurses are really excited about it," said Julie Jackson, acting head nurse on 14A. "Morale is really high. The level of involvement is so much more satisfying. Families are already responding. They relate to the staff so much better now that they know they have one nurse they can depend on. It seems to make their hospitalization less traumatic."

Primary nursing already has been instituted at several hospitals across the country. But it has not always proved successful. "It's not easy switching over," said Barbara Frye, head nurse on 3NW, one of six units at University Hospital in the process of converting to primary nursing. Conceptually, it's not new (primary nursing originated in the early 1970s at the University of Minnesota Hospital), but actually getting down and doing it is.

If primary nursing has not worked at other hospitals, it is likely because the progress of the units converting was not monitored well enough. "If you don't continually maintain the program, the care plan diminishes," Ms. Symons said.

The job of making certain that does not happen at University Hospital belongs to Mary Ann Laubacher, primary nursing coordinator. "The difference between this project and others," she said, "is this is not a project that is here today and gone tomorrow. In adopting primary nursing we are looking very hard toward four years to total implementation. We have maintenance programs set up to guide our progress."

Those include weekly or monthly staff meetings, — "to keep people up to date," Ms. Laubacher said — audits, in which the



University Hospital patients on 13B, 7C and 14A are receiving a new brand of care now that those units have converted to primary nursing. The patients, including Jodi Cue of Salem, entertained here by Julie Jackson,

acting head nurse on 14A, are responding well to the program in which one nurse is responsible for the total care plan of a patient. All of the units in the hospital should be into primary nursing within four years.

primary nurses' charts are reviewed, and formal research to help discern potential problem areas and assess the nursing staff's response to its conversion to the new method of care.

If the maintenance program is adhered

"Morale is really high. The level of involvement is so much more satisfying."

to, Ms. Laubacher hopes, the transition to primary nursing should be smooth — and permanent. "This is not a Band-Aid we're putting on nurse turnover and absenteeism," Ms. Laubacher said. "We're not saying, 'Let's put this on and see if it works.'"

The primary nurses already are responding to the new program, which began in February 1980 with the conversion of 7C. The nurses feel they are finally performing the duties of a nurse. They are becoming more involved with their patients and their patients' families. They are feeling more responsible.

"This has been a goal of mine since I came here a year-and-a-half ago," Ms. Frye said. "I thought we might be getting

into it a little too early, but people were anxious to get involved. Everybody has been feeling very frustrated lately because of the lack of continuity. Now they will be able to see results."

"You become more in tune," said Gale Kelly, a primary nurse on 14A. "You totally know what's going on. You're able to discover psycho/social problems as well as physical ones. It keeps you on your toes. You want to always have a rational explanation for what's going on."

It is that aspect of primary nursing that makes some nurses hesitant about changing. Primary nursing means, as much as anything else, accountability. And that is a new experience for many nurses used to the total patient care method in which the care plan for a particular patient might change from one shift to the next.

"It's easier to tell how well a nurse is doing her job, now," Ms. Symons said. "That could be threatening."

But, Ms. Jackson said, "I haven't heard any fears expressed."

"At first there is always resistance to change," Ms. Laubacher said. "But once the nurses have adjusted, they'll realize that this is why they went to school to become nurses."

Ms. Jackson, Ms. Frye and the other

head nurses also are seeing their roles change as their units switch over to the new method of nursing care. "You have to be willing to delegate more responsibility," Ms. Jackson said. "You have to step back a little, to give the nurses more credit and independence."

The reviews on primary nursing in University Hospital thus far are glowing. Physicians are responding well to it, Ms. Symons said, because they know there is one nurse they can go to when they need information on a specific patient. Patients are responding well because there is more continuity in their care; they get to know their nurse much better and their nurse gets to know them. And the nurses are responding well because they feel their talents as health-care professionals are finally being utilized.

"A big part of primary nursing is recognition," Ms. Laubacher said. "It is recognizing each nurse as an individual who has a valuable service to offer another individual. That's a little bit new to nursing."

"This is not a drastic change; it's subtle. But as the nurses get better at being nurses and as they begin to feel better about their jobs, gradually some big things will happen — like shorter hospital stays for patients and less nurse turnover."

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