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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.

New chancellor eager for challenge of Oregon job

William E. "Bud" Davis, president of the University of New Mexico since 1975, will be the new chancellor of the Oregon State System of Higher Education.

'Coming into a tough budget situation doesn't bother me. It just takes a lot of hard work to turn it around.'

Davis, 53, succeeds Roy Lieuallan who, July 1, will resign the position he has held for the past 20 years.

Prior to joining the University of New Mexico, Davis served for 10 years as president of Idaho State University. He took seven months off in 1972 to make an unsuccessful run for the U.S. Senate.

The appointment of Davis by the Oregon State Board of Higher Education brings to an end a six-month search that attracted nearly 150 candidates for the chancellor's post. Davis was one of eight individuals selected for interviewing by the board and one of three finalists for the job.

In accepting the chancellor position, Davis called it "one of the most challenging in all of higher education."

The initial task confronting Davis will be dealing with the 7 percent reduction in funding imposed by the Legislature on the State System of Higher Education. Davis leaves a university that just received a 10-percent funding increase by the New Mexico Legislature.

"Coming into a tough budget situation doesn't bother me," Davis said. "When I became president of Idaho State University and then president of the University of New Mexico, they had the same conditions as exist in Oregon today.

"And it just takes a lot of hard work to turn it around: Travel around the state and meet the people. Meet with the legislators when they're not in session. Work closely with the governor and his staff and the colleges and universities. I'm looking forward to a real challenge."

During Davis' tenure as president, the University of New Mexico ranked seventh nationally among major state universities in the percentage of increase in appropriations (133 percent).

William E. "Bud" Davis
New chancellor of the Oregon State System of Higher Education

Mentor program encourages students pursuing career goals

Surgery, Dr. Kent Thornburg is telling his young companion, is a little like golf: It's fun to perform, but no real thriller to watch.

Still, early on a Saturday morning in the Animal Care Center, Ardella Richardson, 15, wide-eyed and a participant in the Minority High School Mentorship Program at the Oregon Health Sciences University, wants to watch.

"The sight of blood doesn't bother her," says Dr. Thornburg, an associate professor of physiology at the OHSU and Ardella's mentor.

That's a good characteristic for a person who has her mind set on becoming a physician. And Ardella's mind is set. "It has been since I was real young," she says. "And the more I learn about the medical field, the more I want to get into it."

Only a sophomore at Madison High School, Ardella already has begun planning for medical school. Spending some of her Saturday mornings over the next three years under the tutelage of Dr. Thornburg is part of that plan.

"This is giving me a push toward medical school," she says. "It's helping me get prepared."

That, in a nutshell, is the goal of the mentorship program. In its initial year at the OHSU, the program has matched 24 minority high school students out of the Portland Public School District with volunteers from the faculties of the Schools of Medicine, Dentistry and Nursing, as well as the OHSU administrative staff.

The mentors and their students developed goals in October, at the onset of the program, and will follow them through the duration of the student's involvement in the program, which usually lasts through his or her high school career.

Dr. Thornburg and Ardella have met about once every three weeks since the program began. Their activities vary, from working on biology problems to observing Dr. Thornburg performing surgery on sheep as part of his ongoing study into the function of ventricles in the hearts of fetuses during the birth process.

Dr. Kent Thornburg helps Ardella Richardson prepare a blood sample for the centrifuge as part of their involvement in the Minority High School Mentorship Program at the OHSU. Ardella visits Dr. Thornburg once or twice a month to discuss homework, view surgery or take part in experiments.

While the hands-on experience Ardella gains with Dr. Thornburg is giving her a first-hand look at one aspect of medicine, it is the mentor's guidance that will stay with her.

"The hands-on experience is interesting and it gives the students something right now," says Dr. Thornburg, who has worked on the Minority Student Affairs Advisory Committee at the OHSU for about four years, "but that doesn't help them get into medical school. The mentor program is important in that it provides the students tutoring and encouragement to do well in school. It helps them understand how really tough it is to get into a medical school."

That the mentorship program at the OHSU is a success in its first year, as much as anything else, is a tribute to the enthusiasm of the volunteers, people such as Sharon Firsich, RN, MSN, who is a part-time instructor in the School of Nursing, yet is a mentor for two students.

One of them, Anthonette Hardaway, is a sophomore at Benson interested in becoming a community nurse or midwife. The initial impetus was provided by a neighbor who is a nurse. "She's always telling me about the things she does," Anthonette says. "I thought it sounded interesting."

Now, Ms. Firsich serves as the reinforcement. "I got involved in the mentor program because it was a practical way to do something about the concerns I had for two things," Ms. Firsich says. "I wanted to do what I could to help people have equal opportunities, and I also wanted to help get a broader spectrum of people into the health professions."

Anthonette and Ms. Firsich have toured the School of Nursing and some of the clinical areas of the hospital and have met with a Benson counselor to make sure Anthonette is taking courses that will enable her to enroll in a nursing school.

"I think the program gives the student a feeling that this school cares about her because there is this one person who cares," Ms. Firsich says. "It doesn't seem so much like a big, impersonal institution up on the hill."

Similar feelings were expressed by Dr. Frances Storrs, associate professor of dermatology, who is mentor of Paula Conley,

(continued on page 5)

Parking solutions sought

The solution to the parking problem on campus is simple, says Warren Davis, director of campus parking.

Don't drive — or if you are going to drive, bring along a colleague or two.

And to make those alternatives more acceptable, Davis and his staff have implemented two programs; one a carpool project, the other a bus rider information program in cooperation with Tri-Met.

With the demand for parking already exceeding the 3,000 spaces available on campus, Davis sees the carpool program as at least a partial answer to his woes.

Carpool and rider information bulletin boards have been set up at eight locations across campus. Persons interested in either program can obtain applications from the boards.

The application for the carpool program provides the parking office information regarding the employee's address, time of departure from home, and commuting preference (drive only, ride only, alternate only or any combination). Once the parking office obtains the information, the applicant can be matched with a driver or drivers from their approximate neighborhood.

The rider information project is helping employees plot their trips to and from work via Tri-Met. Once the information requests provided at the bulletin board locations have been filled out and returned to the parking office, they are sent to Tri-Met which returns them directly to the employee, complete with pertinent route and schedule information.

Success of the two programs not only would go a long way toward resolution of the parking dilemma, but also could result in significant savings for participants. Based on 1980 figures, the driver of a compact automobile who drove a total of 20 miles to and from work each day spent $73 each month on transportation, while a bus rider traveling the same distance spent $21 and a carpooler spent less than $25.

Finding a place to park on campus has become increasingly more difficult over the years, but parking personnel are working on programs they hope will alleviate the problem.

New techniques improve care of hydrocephalus patients

Shortly after Julie was born in August 1979, her head began to enlarge.

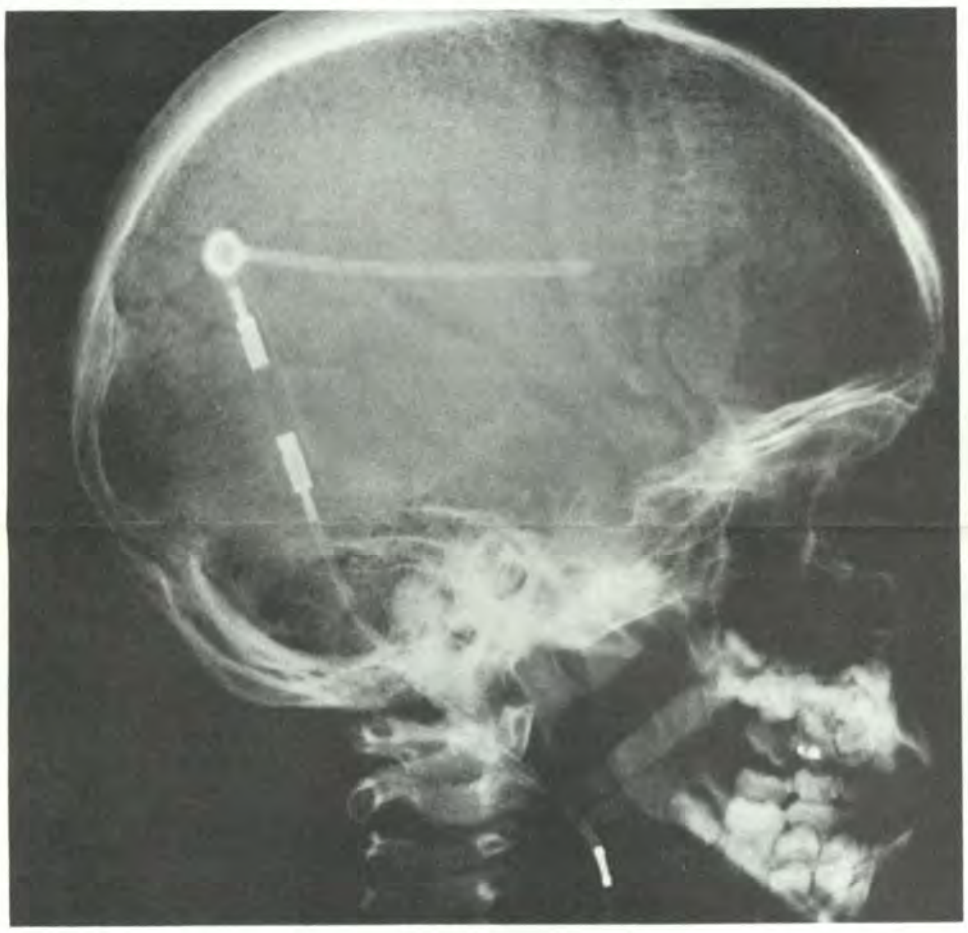
A CT scan given by her physician indicated the presence of a tumor, and Julie was sent to see Dr. Anthony Gallo, professor and chief of pediatric neurosurgery at the Oregon Health Sciences University.

Dr. Gallo found the tumor, a rare type capable of producing cerebrospinal fluid. He also found Julie had developed hydrocephalus when she was unable to remove the excess cerebrospinal fluid from her brain. The result was the enlargement of her head.

The tumor was removed by Dr. Gallo, Julie's head returned to normal proportions, and today she shows no signs of having ever had hydrocephalus.

It isn't always so easy for children with hydrocephalus but, in most instances, it could be, according to Dr. Gallo. If treated early enough, children afflicted with the disease have an "excellent chance of being intellectually normal," Dr. Gallo said.

The treatment of hydrocephalus has improved dramatically over the last 10 to 15 years. Now, even in cases in which the excess fluid has replaced 25 percent of the total brain volume, children can be treated and lead normal lives.



The above photograph of an X-ray shows the placement of a shunt in a victim of hydrocephalus. The shunt helps circulate excess cerebrospinal fluid from the brain.

Hydrocephalus most commonly is a congenital disease, but it can be acquired later as a secondary development to some other problem, such as head trauma, infection, meningitis or certain types of strokes or tumors.

It occurs when the flow of cerebrospinal fluid through the brain and into the circulatory system is hindered. In children, the accumulation of fluid results in an enlarged head. The resultant pressure on the brain, if ignored too long, most often results in retardation. It can result in partial paralysis or death.

The treatment of hydrocephalus involves placement of a tube in the brain to assist in the circulatory process. The tube — called a ventriculo peritoneal shunt — is placed in the lateral ventricle, the empty space in the brain where the cerebrospinal fluid is made.

The shunt then is tunneled through the top of the brain and downward between the skull and skin to be connected with a pressure-regulated, one-way valve. The valve controls pressure and allows the transmission of up to a quart of cerebrospinal fluid a day. The shunt then extends down into the abdomen or into the right side of the heart where it leads the fluid back into the system.

The key to success in the treatment of hydrocephalus is reaching it early enough to prevent its progression. "In general," Dr. Gallo said, "if hydrocephalus is treated early, the patients do very well."

New diagnostic techniques have been developed in recent years to assist in the early detection of the disease, and new technology has made its treatment easier and more successful.

The shunts have been altered, using inert materials in their makeup so that the body does not react to them as foreign objects and reject them. Techniques have been developed for the proper placement of the shunts, making them more difficult to damage. And it is now easier to detect when the valve is working improperly and needs to be replaced.

Treatment also is becoming much more specialized. Units have developed recently at University Hospital that are dealing with the problem of hydrocephalus in premature newborn babies. "We're now treating infants whose birthweight is less than two pounds and seeing them survive," Dr. Gallo said.

Hydrocephalus is often seen in premature babies because of their common problem of hemorrhaging into an area of the brain — called the germinal matrix — which is located next to the ventricle.

"Frequently the hemorrhaging will rupture into the ventricle," Dr. Gallo said. "That can plug up the outlet in the brain so the cerebrospinal fluid can't get out."

A secondary problem often accompanying the hemorrhaging is called ventriculitis and occurs when the excess blood, being reacted on as a foreign body, causes inflammation in the wall of the ventricle. That also can stop the flow of fluid and cause hydrocephalus.

Among the benefactors of the advancements in treatment of hydrocephalus are the 120 children Dr. Gallo estimates are treated for the disease each year at University Hospital, which admits the majority of hydrocephalus patients in Oregon.

Also hydrocephalus is found in adults as well as children; however, the older the person is, the harder the disease is to detect. An adult's skull, unlike that of a child, is solid. Therefore, when hydrocephalus is present in an adult there is no enlargement of the head to indicate it.

"Between the ages 15 and 20, head injury is the most common cause of death," Dr. Gallo said. "One of the things we look for in a person who survives a serious head injury, is hydrocephalus. The majority of the time, once we find the disease and treat it, the patient will continue to improve."

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Speakers slated for alumni meeting, Sommer Lectures

The 67th Annual Scientific Meeting for the School of Medicine Alumni Association will be held April 14-16 in the Library auditorium at the Oregon Health Sciences University.

In conjunction with the alumni meeting, the 73rd Sommer Memorial Lectures will be held, featuring distinguished medical experts Drs. Stanley J. Dudrick, H. Tristram Engelhardt Jr. and Leroy E. Hood.

Dr. Dudrick, clinical professor of surgery at the University of Texas Medical School in Houston, has made many important contributions to nutritional care for critically ill, injured or surgical patients. Dr. Engelhardt is the Rosemary Kennedy professor of the philosophy of medicine at Georgetown University in Washington D.C. and a medical ethicist. Dr. Hood, whose primary work has been in immunology, is chairman of the division of biology at the California Institute of Technology in Pasadena.

To complement the Sommer lecturers, Dr. Guy Gorrell, alumni program chairman, has arranged a slate of respected physicians from the OHSU.

For more information regarding the lectures, contact Dean Suddath in the alumni office at 225-8231.

Iglewski research tackles toxins' roles in diseases

In the summer of 1976, more than 150 persons attending an American Legion convention in Philadelphia contracted a mysterious disease, a form of pneumonia that eventually killed 29.

Now, a research team at the Oregon Health Sciences University led by Dr. Barbara Iglewski, professor of microbiology and immunology, is in the midst of a study it hopes will provide some of the missing pieces to the puzzle that is "Legionnaires' disease."

Soon after the initial outbreak in Philadelphia, scientists discovered the bacterium responsible for the disease and also found it was not new. Named Legionella pneumophila, the bacterium was found in blood-serum samples of persons who had died earlier of unsolved respiratory conditions.

Later, the OHSU research team provided one of the first major clues to the makeup of Legionella pneumophila. Scientists elsewhere had reported that many of the patients who contracted the disease had extra pulmonary symptoms outside their respiratory tracts, suggesting the presence of a soluble bacterial product.

The OHSU team suspected the involvement of a bacterial toxin. Dr. Richard Friedman, a post doctorate fellow, found one.

Supported by a three-year grant for nearly $300,000 from the National Institutes of Health, Drs. Iglewski, Friedman, Robert Bigley and Janice Lockner have begun studying the contribution of the toxin to Legionnaires' disease, hoping it eventually will lead to the development of a vaccine.

Dr. Barbara Iglewski is conducting research on the effects of toxins in two bacteria, Legionella pneumophila (Legionnaires' disease) and Pseudomonas aerigunosa. Dr. Iglewski and her team hope to eventually develop vaccines to help combat these troublesome bacteria.

Much of what earlier made the disease so mysterious has been solved. It is known the bacterium likes warm, fresh water. It grows prolifically in water cooling towers; hence, it can be transported through the likes of air conditioning systems, as was the case in Philadelphia. The disease is contracted when a person, usually elderly or someone whose defenses have been weakened by some other factor, breathes in large quantities of the bacterium.

But, because it is so new, Legionnaires' disease still poses serious questions to scientists. They don't know how common it is because of the difficulty in diagnosing it. It usually takes an epidemic before it is discovered. And even with effective antibodies, the disease frequently is difficult to treat, and in certain patients the mortality rate remains high.

"Even in the most recent cases," Dr. Iglewski said, "now that we know what we are dealing with, the mortality rate is just the same as when the disease was first diagnosed. Clearly, there is a need for a new approach to treatment."

In their effort to find one, the OHSU researchers first are attempting to purify and characterize the toxin. Working in collaboration with Dr. Richard Jones, professsor and chairman of biochemistry in the OHSU's School of Medicine, Dr. Iglewski and Friedman found the toxin to be a very small peptide, containing just 11 amino acids. It proved to have a dramatic effect on human white blood cells which would normally defend against this type of bacterium.

Concurrently, scientists at Rockefeller University in New York were showing that virulent strains of Legionella pneumophila were ingested by a form of white cells (PMNs) and monocytes. The PMNs did not kill the bacterium, and, in the monocytes, it actually reproduced.

"The bacterium interacts with the human cells," Dr. Iglewski said, "but once they are ingested, they grow and are disseminated. In that way, the bacterium escapes the normal process in which they would be killed by the white cells."

Research at the OHSU indicates this happens because the toxin is interfering with the white cells' normal bacterial-killing mechanisms.

Dr. Iglewski and her team are in the early stages of their research into the effects of the toxin in Legionnaire's disease. "We're starting with very basic research," she said. "The long range goal is to couple the toxin with various proteins in an attempt to find an antibody that will negate the effects of the toxin and allow the white cells to kill the Legionella pneumophila."

At the same time Dr. Iglewski is studying the role of toxin in Legionella pneumophila, she also is exploring another toxin and its relationship to diseases caused by Pseudomonas aerigunosa, a bacterium found virtually everywhere.

While it is extremely common, pseudomonas is a health problem mainly in persons whose immune systems are weakened, in some diseases, such as cystic fibrosis, or in burn patients.

> Because it is so new, Legionnaires' disease still poses serious questions to scientists.

"It's the major cause of death in patients with cystic fibrosis," Dr. Iglewski said. "The overall mortality rate of people with pseudomonas in the blood stream is about 60 percent."

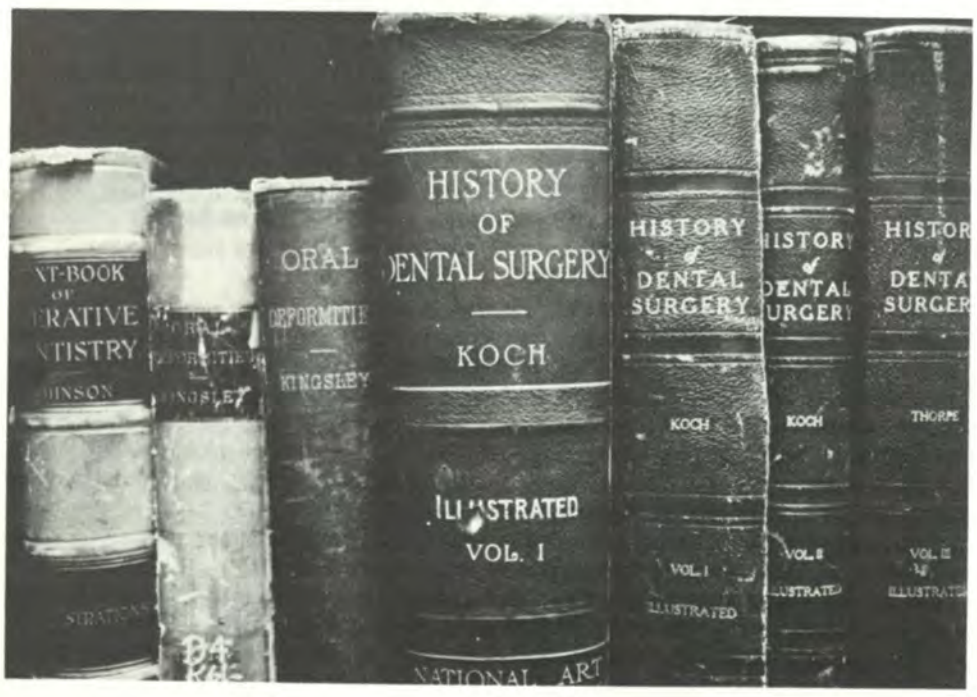
Dr. Iglewski has found that a product called Toxin A plays an important role in a variety of pseudomonas infections. She and her colleagues have developed a mutant that produces a non-toxic but immunological form of toxin called a cross reactive material (CRM). They currently are evaluating the vaccine potential of the CRM protein.

Pseudomonas is highly unusual, according to Dr. Iglewski, in that its treatment may require more than one vaccine. "A vaccine that works for a patient with cystic fibrosis might not work for a burn patient," she said.

Working with the support of several federal grants totaling approximately $160,000 a year, Drs. Iglewski, Donald Woods and Larry Haney and graduate student Timothy Howe are now looking at how Toxin A affects the outcome of pseudomonas in rat lungs. The team also is comparing strains of bacterium, different only in that one produces a toxin and the other does not.

"We infect a whole group of animals, each with a different strain, and we're comparing how they're different," Dr. Iglewski said. "By doing this we can say 'This is an important factor in the way an infection works, and these are, too. But the following are not.'

"It helps us get an idea what we should be doing to prevent pseudomonas and what we can do to treat it. We're looking mostly at treatment. Generally, we can't predict who's going to go out and get burned or become infected."



A gift from the School of Dentistry Alumni Association funded the recent renovation of the History of Dentistry Room located in the Dental Library. The room houses approximately 400 historical dental books as well as dental artifacts maintained by Dr. J. Henry Clarke, chairman of the History of Dentistry Committee. Also part of the room will be 150 rare or classical dental books, now being restored. Dedication of the room was in October.

Lecture fund honors Carmela Riker

A memorial lecture fund in commemoration of Carmela Louise Riker has been established at the Oregon Health Sciences University by her husband, Dr. William Riker, professor and chairman of the department of pharmacology.

Income from the fund will support an annual lecture on campus to be given by an individual who has made "sustained and significant contributions to pharmacology," according to Dr. Riker.

The first lecture, May 12, will feature Dr. Riker's brother, Walter, professor and chairman of the department of pharmacology at Cornell University Medical College.

From 1969 until shortly before her death in May 1981, Mrs. Riker was an active participant in the Faculty Wives Club and volunteer services. She was instrumental in establishing the gift shop in University Hospital (south) and played an important role in the organization of many of the holiday bazaars on campus.

"Carmela was a great source of inspiration and put in a tremendous amount of time and labor getting the gift shop started," said Edie Ryman, director of volunteer services. "She put her heart and soul into it and personified the spirit of the volunteer, always going that extra mile."

Mrs. Riker's commitment to working on behalf of the University exemplified her entire approach to life, according to her husband. "Whether with family or friends, at work or in volunteer activities, she gave fully of herself," Dr. Riker said. "Her innate gift of giving and her strength of character were always directed at helping others. Those qualities, as well as her abiding faith in the long-term future of this institution, were behind all her efforts here on The Hill. It was in that sense I felt the memorial lectureship would be not only a commemoration, but also her lasting gift to the institution."

The lecture fund has not yet reached the goal Dr. Riker estimates will be needed to assure perpetuity. Contributions marked for the Carmela Riker Memorial Lecture Fund can be made to the Fund for the Oregon Health Sciences University.

Structure of finance and administration reorganized

Another step has been taken in the restructuring of finance and administration.

Dr. James McGill, vice president for finance and administration, has announced a new director of university materiel management joined his staff in March, completing the major part of the reorganization of his office that began almost two years ago when he joined the Oregon Health Sciences University.

The reorganization came about as the result of a study initiated by OHSU President Leonard Laster that explored the role of the vice president for finance and administration in the University's administrative structure. The study, undertaken by the Arthur Young and Co. consulting firm, showed:

- the span of reporting to the office of the vice president for finance and administration was too broad. "There were too many people reporting directly to the vice president," McGill said. "As a consequence, his time was being consumed by the problems of the 10 or 15 people working directly for him;"
- the vice president was not clearly delegating responsibility to administrative officers "which, besides being inefficient, was inhibiting the development of middle management," McGill said;
- management objectives were not being set.

"When I came to the University, I found I was in virtual agreement with all of the findings of Arthur Young and Co.," McGill said. "The problems they found, the objectives they said we should set, I concurred with. In joining the University I set as our primary managerial objective the improvement of management so that the OHSU would be seen as among the best administered in Oregon."

In June 1980 McGill designed his initial organization that included assistant vice presidents for management services, facilities management, budget and finance, business management and data processing. M. Ronald Parelius and Ralph Tuomi, respectively, occupied the first two positions.

Later, Peter Wollstein was recruited to fill the budget and finance slot.

However, state budget shortcomings announced in July 1980 put the rest of McGill's reorganization project on hold. When he was given the go-ahead to complete it, "given what transpired with the budget," he said, "my rethinking resulted in some modifications to the organization."

McGill grouped most of the University's components dealing with financial operations, i.e., budget, accounting, research services and accounts payable, into the budget and finance area under Wollstein. Tuomi's area remained intact, but rather than designating a separate assistant vice president for data processing, McGill moved that area under Parelius in management services, along with other areas such as the business office, contracts and personnel.

"That left the question of what to do with the business management functions," McGill said. "In most universities, auxiliary services (the area that deals with students and auxiliary enterprises) is a separate entity. We are a little atypical in that we have a relatively small student body for the size of our budget. Nonetheless, it still made sense to have a separate area for auxiliary services."

Ann Hoffstetter, who previously served as assistant business manager at the OHSU, was given the job of directing auxiliary services.

(For details concerning Ms. Hoffstetter's appointment please see Page 6.)

To complete the new organization, McGill set up the materiel management area whose director, Joyce Stockinger (who joined the staff in mid-March), will be responsible for purchasing, shipping and receiving, surplus properties and laboratory stores.

"We now have an organization that functionally makes sense," McGill said. "Like areas are now grouped together. Before, it was a hodgepodge. I now have a more reasonable scope of control. And there are clearly designated sets of responsibilities for each of the three assistant vice presidents and two directors. They know the responsibilities for the activities under them are theirs.

"Our mission is to serve and support the educational, research and potential service programs of the University," McGill added. "I think that with the organization and people we have in place we can do that well."

Whitman named ONA president

Bridging the gap between the Oregon Nurses Association and other nurses organizations in the state is the objective of the ONA's incoming president, Maureen Whitman, director of continuing nursing education at the Oregon Health Sciences University.

Ms. Whitman, who has served for the past two years as president-elect of the ONA, will take over the president's reins from Jean Bates in April.

Nursing in Oregon is segmented, Ms. Whitman said. "I think the fact that there are about 4,600 nurses in our association but more than 20,000 nurses registered in the state says something about that," she said. "While the ONA tries to speak for all the nurses in the state, it's difficult because so many nurses don't belong. There are so many specialized organizations — critical care nurses belong to the critical care nurses association, operating room nurses belong to the operating room nurses association . . .

"My personal goal is to affect more, and better, communication between all of these smaller organizations, and to create a liaison mechanism in which the nurses from all these organizations are speaking with the same voice."

The ONA concerns itself with three major areas — education and practice, professional standards and representation, and legislation. The latter area is of particular interest to Ms. Whitman, who worked as a legislative aide to state representative Gretchen Kafoury during the 1979 session and was active in passage of legislation allowing nurse practitioners prescriptive privileges and third-party reimbursement. Oregon is the only state in the country in which nurse practitioners have both of those privileges.

Ms. Whitman will serve a two-year term as president.

Nearly 90 employees were honored on Employee Recognition Night in November for 10, 15, 20, 25, 30 and 35 years of service to the OHSU. Clockwise from upper left are Ardys Symons (25 years, nursing service) and Shirley Schumann (35 years, nursing service), Verneda Newborne (30 years, dietary service), Dr. William Stotler (35 years, anatomy, School of Medicine), Mavis Petty (30 years, budget office), Ruth Spoerli (30 years, CCD, greeted by Dr. Victor Menashe, director of CCD) and Dr. Keith Claycomb (30 years, School of Dentistry, congratulated by Dr. Louis Terkla, dean of the dental school).

School of Nursing opens office to expand research services

Nurses interested in research now have a place to go for help.

With the goal of improving the quality of nursing care and education, the School of Nursing has opened the Office of Nursing Research Development and Utilization.

The office represents an expansion of research services initiated three years ago in the School of Nursing by Joyce Semradek, associate professor of nursing and director of the office of research.

"Nurses have been involved in research for several years," Ms. Semradek said. "Our aim is to increase their participation in, and use of, research by helping to develop new research projects relevant to the actual problems nurses encounter in the delivery of patient care."

The office is staffed by five persons, including Ms. Semradek, all of whom also have appointments on the School of Nursing faculty. Other members of the office are Dr. Christine Tanner, recently coordinator of the graduate medical-surgical nursing program at the Oregon Health Sciences University; Dr. Barbara Stewart, a psychometrician and statistician who will assist in the design and analysis of studies; and Drs. JoAnn Horsley and Joyce Crane, both from the University of Michigan where they were responsible for a project involving the use of research in practice.

The research office staff will lead workshops and seminars to improve research competency, provide consultation on designing and conducting projects, and assist in planning and evaluating changes in nursing practice based on research findings, as well as give assistance in securing funding for projects.

"Programs of the research office are intended to enhance professional practice, foster professional growth and create an environment in which inquiry can flourish," Ms. Semradek said. "If nurses cannot find existing answers to the questions they raise, we encourage and assist them in beginning their own research."

The research office is unique, according to Ms. Semradek, in that it represents a joint effort between the School of Nursing and University Hospital's nursing service. The office encourages collaborative research among faculty and nursing staff members.

Obturator wearers speaking easier

Dan Lane, 7, of Portland opens wide for a check-up during recent visit to the CCD's obturator clinic.

Dr. Robert Blakeley would like to shed some light on the use of speech prostheses, perhaps the most misunderstood — and most helpful — device for aiding the speaking ability of many children born with cleft palates.

It is an area of no small concern for Dr. Blakeley, professor of speech pathology and audiology at the Oregon Health Sciences University and director of "what could possibly be the largest obturator program in the world" at the Crippled Children's Division. Dr. Blakeley and his colleagues have 165 young patients now wearing obturators.

Proponents of obturators have been fighting the misconceptions about their appliance for as long as they have been using them (since the early 1950s). "People who aren't familiar with them just don't understand them," Dr. Blakeley said.

No, a child who is fitted with an obturator at age five will not be wearing it at age 65. "Obturators here are always used as temporary devices," Dr. Blakeley said.

No, they are not uncomfortable to wear.

And, no, obturators do not make life miserable for orthodontists. "The orthodontists in this state work around them beautifully," Dr. Blakeley said.

What obturators do is make it easier for children born with cleft palates to speak in a normal fashion. Normally, when talking or eating, the walls of the pharynx move in to meet the soft palate, enabling a person to separate the mouth and lower pharynx from the nose. The separating ability allows a person to direct air pressure out of the mouth and to keep sounds from entering the nose when speaking and food and water from entering it when eating or drinking.

Following surgery for repair of a cleft, the soft palate may not begin working immediately. And in a few cases it may be too short, making it impossible to reach the pharynx during contraction. Obturators help remedy the situation.

The appliance resembles an orthodontic retainer with an extension at the rear. Attached to the upper teeth, the appliance covers the roof of the mouth. The extension holds the obturator (a small bulb) in place at the back of the pharynx, behind the soft palate, allowing the pharynx and soft palate to meet upon contraction to create the separation between the nose and mouth.

The original use for an obturator was as a temporary device to facilitate correct speech during articulation development until a permanent alternative (additional surgery) could be used. It soon became obvious, however, that although the obturator was meant as a temporary device, it often produced permanent — and desirable — results.

"There was an instance," Dr. Blakeley remembered, "where we made an obturator for a three-year-old girl, and when I checked up on her after a few months it seemed to me the dentist had made the appliance too big. So I sent her back to him and he made the bulb a little smaller. She was doing fine then; it was stopping the air from leaking and she was speaking normally.

"A while later I looked at her and the obturator looked too big again. What was happening was the pharynx was compensating enough so that over a period of time we took more and more off the obturator until we eventually removed it completely without affecting her speech. We followed some more cases and then began to do this by design."

Now, because of this compensation by the pharyngeal muscles, approximately 20 percent of those patients fitted for obturators at the CCD can have them removed after a period and maintain normal speech without any additional surgery, usually the next step for the remaining 80 percent of the obturator wearers.

The most common surgical procedure used to stop air leakage is called a pharyngeal flap. It utilizes the patient's own tissues in an attempt to provide adequate palato/pharyngeal construction during speech and while eating or drinking.

If oral (as opposed to nasal) speech is not progressing after the cleft palate has been repaired, additional surgery can be attempted instead of obturation. But the reasons for palatal dysfunction in very young children are not always possible to diagnose. Hence, Dr. Blakeley said, "It seems inappropriate to operate again or to just wait."

Obturators are virtually always successful in helping these patients achieve normal or near-normal air pressure for speech.

In fitting the obturators, Dr. Blakeley and his fellow speech pathologist at the CCD, Dr. Warren Fay, work cooperatively with plastic surgeons and Dr. Harold Louis, assistant professor of prosthodontics at the OHSU. "Dr. Louis is about 99-percent successful in fitting these obturators," praised Dr. Blakeley who is a past-president of the American Cleft Palate Educational Foundation and is now serving on the American Cleft Palate Association Council.

New video test illustrates speech problems

On another weekday in March, Pam Gilmore, of Newberg, might be on stage, rehearsing for her role as Carrie in the George Fox College production of "Carousel."

She might be found practicing violin with the Portland Youth Philharmonic Orchestra or seen extolling the virtues of milk in a television commercial.

On this day, in the special procedures room of the University Hospital (south) radiology department, Pam is once again performing before a camera. But now she isn't telling her viewers that their bodies need milk. Now the slogans are "Put the baby in the buggy" and "Go get a bigger egg," hardly Hammerstein verse, but a reminder to Pam of the distance she has come in the 20 years since she was born with a cleft lip and palate.

Twelve years ago, "Put the baby in the buggy" was a challenge; singing and holding vocal tones nearly impossible. These days both are a breeze.

Seated across from Pam and out of the bright lights of the camera operated by Dave Forinash, audiovisual technician at the Oregon Health Sciences University, is Dr. Marcia Bilbao, professor of diagnostic radiology. As Dr. Bilbao leads Pam through a protocol of fricatives (the sounds f, v, th, s, z, sh, etc.) and plosives (p, b, d, t, k, g), Forinash captures the exercise on color videotape.

Later, Pam will move in front of the fluoroscope where an X-ray movie will be made (and recorded on the same videotape) of the functioning of her pharnyx and soft palate during speech.

The entire procedure, called a cine-audio pharyngogram, has been developed in Oregon at University Hospital through the efforts of Dr. Robert Demuth, associate professor of plastic and reconstructive surgery. Dr. Demuth joined Dr. Stephen Miller in the OHSU's newly-formed division of plastic surgery in 1979. He founded and was head of the Northwest Pennsylvania Cleft Palate Team in Erie for nine years.

Developed 10 years ago at the University of Pittsburgh and at other prominent speech centers, the cine-audio pharyngogram is "an attempt to get an objective evaluation of a complex human function such as speech," according to Dr. Demuth.

The procedure, adapted cooperatively for University Hospital by Dr. Demuth, Dr. Bilbao, and Dr. Robert Blakeley, speech pathologist and director of the craniofacial birth defects team at the Crippled Children's Division, is a useful tool for evaluating patients with speech problems who are potential candidates for speech prostheses or surgery.

By viewing the color video portion of the procedure, the OHSU team can study the cosmetic appearance of the mouth, lip muscles, nostrils, teeth and jaw relationship during the speech of patients with a cleft palate or any other speech problem.

As part of her cine-audio pharyngogram test, Pam Gilmore, of Newberg, recites a protocol on camera that will be used by clinicians at the OHSU to study the functioning of her pharynx, palate and mouth during speech. The test is helping physicians on The Hill decide appropriate treatment for patients with speech abnormalities.

The cine-fluoroscopy then provides a view of the side-to-side, up-and-down and front-to-back motion of the soft palate, and the functioning of the pharynx, helping the clinicians pinpoint problem areas during speech.

In 1980, Pam Gilmore was referred to Dr. Demuth by Dr. Blakeley in the hope that she was ready to undergo a surgical procedure, called a pharyngeal flap, that would allow her to stop using the speech prosthesis (obturator) she had worn since she was eight. Following evaluation by cine-audio pharyngogram, Pam was given a trial without her obturator, but was unable to continue singing.

Surgery was performed by Dr. Demuth who used tissue from Pam's pharynx to reconstruct her soft palate. "Using plastic surgery techniques we swung some of the tissue from the back to the upper side of the palate," Dr. Demuth said. "Pam also has had some rearrangement of lip muscle, and we transferred some lower lip tissue to the upper lip to provide better lip appearance and closure."

Pam's latest cine-audio pharyngogram showed her operation was a success, that normal palato/pharyngeal constriction was being provided during speech and that the obturator that had aided her speech for 10 years no longer was necessary.

Now the work of the OHSU team and the CCD is speaking — not to mention singing — for itself.

Library reception to honor authors

The Library is planning a reception for authors as part of its observance of National Library Week April 19-23.

The reception, to be held April 22, will give faculty and staff members, alumni and invited persons from the community who have authored books an opportunity to meet informally and discuss topics relevant to the writing of a book, including the writing process, selecting a publisher, medical illustrating, indexing, contracts and royalties, and library support of authors.

"We look at this as a way to honor people who have written books," said James Morgan, director of libraries. "We want to get them together to exchange ideas and talk about their works."

Morgan is in the process of identifying people on campus, and selected individuals off campus, who have published books so that invitations to the reception might be extended. He asks those who have published to contact Joan Ash (extension 8601) or Barbara Telfer (8031).

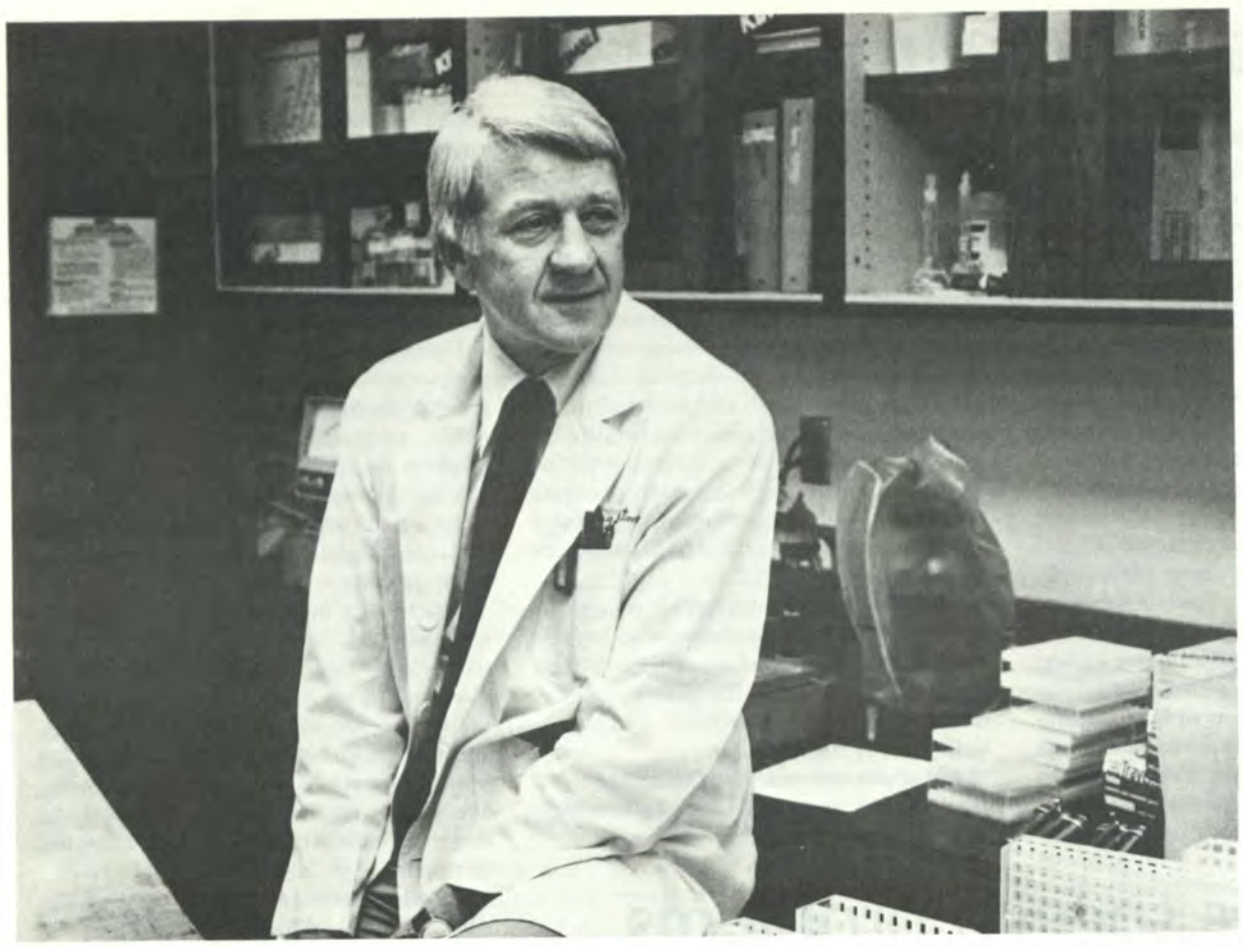
Mentor program

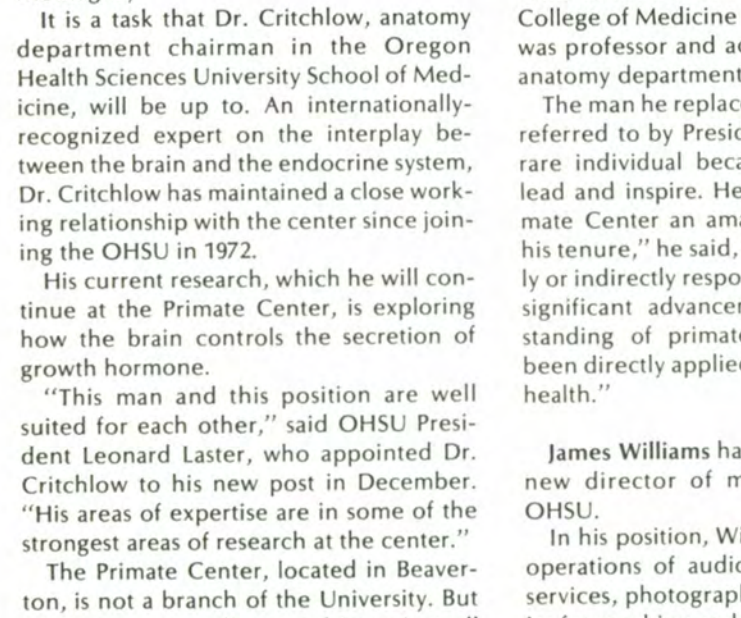
(continued from page 1)

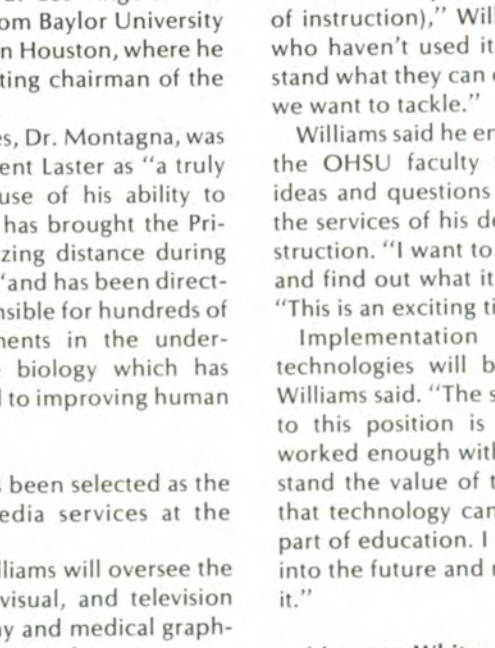
a junior at Grant. Paula is interested in a career in medical technology so during one of their meetings, Dr. Storrs introduced Paula to Dr. Margaret Berroth, director of the OHSU's medical technology program.

Most of Dr. Storrs' and Paula's time together has been spent in conversation. "Ours is mostly a program of reinforcement and conversation," Dr. Storrs says. "Paula has a pretty good idea of the sorts of things I do. We've talked a lot about the practice of medicine. I think the program gives Paula the feeling someone is interested in her."

Members of the OHSU faculty and staff who would like to volunteer as a mentor or recommend a minority high school student for the program can call the Office of Minority Student Affairs at extension 7574.







New responsibilities on The Hill will be assumed by (clockwise from upper left) Dr. B. Vaughn Critchlow, James Williams, Linda Hinds, Maureen Whitman and Ann Hoffstetter.

Appointments fill vacant, new positions on The Hill

The primary goal of **Dr. B. Vaughn Critchlow** when he assumes the directorship of the Oregon Regional Primate Center in May is a simple, yet formidable, one.

"I want to maintain the current viability and productivity of the center," he said. "The big challenge will be to maintain the excellence established (during the 19-year tenure of retiring director Dr. William Montagna)."

It is a task that Dr. Critchlow, anatomy department chairman in the Oregon Health Sciences University School of Medicine, will be up to. An internationally-recognized expert on the interplay between the brain and the endocrine system, Dr. Critchlow has maintained a close working relationship with the center since joining the OHSU in 1972.

His current research, which he will continue at the Primate Center, is exploring how the brain controls the secretion of growth hormone.

"This man and this position are well suited for each other," said OHSU President Leonard Laster, who appointed Dr. Critchlow to his new post in December. "His areas of expertise are in some of the strongest areas of research at the center."

The Primate Center, located in Beaverton, is not a branch of the University. But Dr. Laster acts as "principal investigator" for the center and is ultimately responsible for all the grants received there. Grants from the National Institutes of Health and the Medical Research Foundation of Oregon are the center's major sources of support.

"A strong bridge has been built over the years between the Primate Center and the University," Dr. Critchlow said. "There are some joint appointments between the two in which we help each other teach, share research ideas, conduct seminars . . . We have established a very real kind of working relationship."

Dr. Critchlow received his bachelor's degree from Occidental College in Los Angeles and his doctorate from the University of California at Los Angeles. He came to the OHSU from Baylor University College of Medicine in Houston, where he was professor and acting chairman of the anatomy department.

The man he replaces, Dr. Montagna, was referred to by President Laster as "a truly rare individual because of his ability to lead and inspire. He has brought the Primate Center an amazing distance during his tenure," he said, "and has been directly or indirectly responsible for hundreds of significant advancements in the understanding of primate biology which has been directly applied to improving human health."

James Williams has been selected as the new director of media services at the OHSU.

In his position, Williams will oversee the operations of audiovisual, and television services, photography and medical graphics for teaching and research.

Williams, who received both his bachelor's and master's degree (in telecommunications and drama) from San Jose State University, comes to the OHSU from Sandia National Laboratories in Albuquerque, N.M., where he was project leader of instructional television, Education and Training Division.

His experience also includes four years as director of the Division of Instructional Media at the Stanford University School of Medicine.

Williams said he would like to familiarize the OHSU faculty with the different methods and tools of instructional media and to assist in the implementation of teaching programs that will take advantage of them.

"One of the problems with this (method of instruction)," Williams said, "is people who haven't used it before don't understand what they can do with it. That's what we want to tackle."

Williams said he encourages members of the OHSU faculty to contact him with ideas and questions about ways to utilize the services of his department in their instruction. "I want to work with the faculty and find out what its needs are," he said. "This is an exciting time for them."

Implementation of new institutional technologies will be a gradual process, Williams said. "The strength I think I bring to this position is the fact that I have worked enough with education to understand the value of the instructor. I know that technology can't replace the human part of education. I think we ought to slip into the future and not be hammered into it."

Maureen Whitman has been appointed director of continuing nursing education at the OHSU. She was named to the position by School of Nursing Dean Carol Lindeman, and succeeds Pam Hellings, who is on sabbatical.

Ms. Whitman, who graduated from the School of Nursing's master's program in 1979, has served as assistant to the dean for the past two years. As director, she said, she hopes to provide more opportunities for nurses outside of the Portland area to take advantage of continuing education programs.

"What we're trying to do," Ms. Whitman said, "is explore some of the specific needs of the state in terms of continuing education, such as critical care nursing, emergency room nursing, human sexuality and physical assessment. We're particularly interested in the underserved areas of the state such as the coast and eastern Oregon. There are plenty of opportunities for continuing education in Portland, but not that many in the rural areas.

"If we can have a network of programs going out across the state it will be advantageous not only to the education of nurses, but to the quality of patient care and the feelings of nurses about their worth."

Ms. Whitman said she will concentrate efforts on continuing education programs in which nurses receive "something specific back" from their investment. Of particular interest now is a program that would prepare nurses to receive their certificates in critical care.

"The response to a class like that has been just tremendous," she said.

Also a priority of Ms. Whitman's is the establishment of a program that would enable nurses from associate degree and diploma programs to receive, through continuing education, at least a portion of their baccalaureate degrees. Funding shortages have eliminated that program option from the School of Nursing curriculum.

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Lower exposure the result of new X-ray technique

A new X-ray technique has significantly reduced radiation exposure to patients in the dental clinics.

The amount of radiation patients in the Oregon Health Sciences University dental clinics are being exposed to has been reduced by nearly 70 percent through the use of a method that confines an X-ray beam to that small space occupied by a piece of dental film.

Exposure to most other parts of a patient's face and head are effectively eliminated through use of the "precision instrument technique."

Radiation by the precision instrument technique utilizes the same long-beam directing cone used by most dentists in Oregon. Introduction of the longer cone into radiology several years ago proved to be an immense improvement over the traditional short, pointed cone which resulted in exposure to the entire face and head.

The long cone reduced exposure to sensitive areas of the head, particularly the bone marrow, which is extremely sensitive to the effects of ionizing radiation. That sensitivity reportedly has been manifested later in cases of leukemia, according to Dr. Fred Sorenson, professor and chairman of radiology in the School of Dentistry.

That, and similar worries about the effects of radiation, brought about the introduction of the precision instrument technique in the School of Dentistry. Practitioners in the dental clinics now are decreasing, by a significant amount, the total radiation dose to patients by covering the entire end of the long-beam directing cone except for the small rectangular area through which the beam must pass in order to reach the film in a patient's mouth.

The adapter used in this technique is a flat, circular piece of stainless steel with the rectangular opening in the center. From the adapter extends a film holder. The patient holds the film and adapter in place, and the X-ray machine is brought up to it.

There are adapters for each of the two posterior regions on both sides of the mouth and one for the anterior region.

"We, at the School of Dentistry, have been working for some time at very low exposures to patients," Dr. Sorenson said. "But simply by changing to the precision instrument technique we have reduced the amount of X-ray exposure to patients by 50 to 70 percent. That means patients are getting about one third the exposure they were getting two years ago (before the dental clinics implemented the technique)."

Despite its simplicity, its low cost (the three-piece set costs approximately $50) and its obvious benefits, the technique has been slow to catch on in dental practice or at other dental schools in the country. The technique was introduced approximately 30 years ago but, according to Dr. Sorenson, few schools currently are using it.

"I think that many schools never adopted the technique because, until the last few years, public concerns about radiation were at a relatively low level," Dr. Sorenson said. "Now, public and professional concerns about ionizing radiation exposures have led us to search for techniques to help solve the problem."

The dental school began introducing the technique three years ago. Now every undergraduate dentist and dental hygienist uses it.

"We made the transition one class at a time," Dr. Sorenson said. "Each student buys a set of precision instruments so he or she can use them while in school and then take them into practice upon graduation."

In addition to the precision instrument technique, the dental clinics soon will begin using a new film introduced by Eastman Kodak with approximately twice the sensitivity of the film now in use.

"So, in addition to the reduction in patient exposure provided by confining the X-ray beam," Dr. Sorenson said, "switching to this new, high-speed film will cut the exposure to radiation by another 50 percent. The net result will be that our patients will receive about 80 percent less radiation exposure than they were receiving just two years ago. And we are continuing to develop and look for more techniques and methods that will reduce patient exposure even further."

New OHSU administrative systems group has MIDAS touch

Monte Mullen, head of the administrative systems group, has had his hands full lately, but with the aid of a new staff, including Mary Mitchell (right), he is helping the OHSU's computer operation run more efficiently.

If there was a way to bottle human energy, some enterprising sort could make a fortune tapping Monte Mullen or any member of his staff.

Since December 1980, when he was charged with the task of organizing an administrative systems group at the Oregon Health Sciences University, Mullen has carried on like a man possessed — which he has been. Among other duties, Mullen was assigned the role of converting all of the administrative programs contained on an outdated NCR 201 computer to the new IBM 370 operated by University Hospital.

During that period, M. Ronald Parelius, assistant vice president of management services, described Mullen's role as "one of the most difficult on campus."

What made Mullen's role so difficult in the first place was the October 1 deadline (when the old computer was to be unplugged) he and his staff were given. What compounded the difficulty was the fact that his staff, at the time the conversion job was assigned, consisted of just one person — Monte Mullen.

Mullen had some work to do.

"This was an almost all-consuming effort for six to nine months," Parelius said. "We had not had any administrative-systems type people in the development and maintenance of our non-hospital systems for several years. Monte had to hire a staff, train that staff and complete the conversion exercise in a 10-month period (before the October deadline).

For starters, Mullen filled six systems-analyst positions that had been approved by the 1979 Legislature. They then reviewed the programs already on the NCR and began plotting their course.

Those systems that were usable, such as parking, were switched, intact, to the new computer. Others, such as the alumni system, were sent outside the University for conversion. That took care of the easy part.

The systems that had to be entirely redesigned posed a different challenge. One of them, the interdepartmental accounting system, encompassed five areas — physical plant, instrument and safety services, telephone, mailroom and a variety of old systems, and computer billing — all of which had programs performing basically the same function, according to Mullen.

"They all provided interdepartmental billing, some sort of accounting reports and transaction editing," Mullen said. "But five systems had to be maintained. It was much easier to write one system and clone it five times, then just maintain the one system."

The new system, called MIDAS, "provides all the basics needed to run the system," Mullen said. "And it's doing it a heck of a lot cheaper."

The administrative systems group now is in the process of polishing up MIDAS.

"We started with the basics," Mullen said. "Our first priority was to keep people in business. Now we're going back and putting in things like power steering, some of the options the users had when they were working with their own personalized systems."

The administrative systems group met its deadline, and as one of its current projects is gathering data on itself to determine the quality of the job it is performing. Already apparent is a significant reduction in operational costs. "We are finding they are about 30 percent of what they used to be," Mullen said.

Appointments

(continued from page 6)

Ann Hoffstetter, an employee on The Hill for the past 12 years, has filled the newly-created position of campus-wide director of auxiliary services.

She currently is president of the National Association of College Auxiliary Services. She is the first woman and the first Pacific Northwest resident to hold the position.

Ms. Hoffstetter's career at the OHSU began 12 years ago when she was hired as manager of the accounting office. She most recently served as assistant business manager.

In her new role, Ms. Hoffstetter will report to Dr. James McGill, vice president for finance and administration.

"Ms. Hoffstetter's new assignments attest to her long-time effective experience in the direction of a number of auxiliary services on this campus," McGill said. "She has the responsibility for the fiscal management of the services as well as for the day-to-day operations."

The auxiliary services on campus include the Residence Hall, the Mackenzie Hall cafeteria, the bookstores, the student activities building and other similar operations.

Linda Hinds, the new budget director at the OHSU, is no stranger to the budget process in higher education.

Prior to her appointment in December, she spent three years as budget officer at the University of Oregon and has also been budget director at Oregon State University.

"I've always felt budgets were fascinating," Ms. Hinds said. "You're dealing with a lot more than just dollars. What you are doing is always changing."

At the OHSU, Ms. Hinds will have responsibility for the management and control of the operating budget and will provide support to the administrative decision making process. She will report to Peter Wollstein, assistant vice president for budget and finance.

A native of Ukiah, Calif., Ms. Hinds graduated from Oregon State University with a bachelor's degree in business administration.

Newsmakers

Dr. Ransom J. Arthur, dean of the School of Medicine, has been appointed to the Nominating Committee of the Council of Deans of the Association of American Medical Colleges.

OHSU employees **Leonard Grubowski** and **Irene Fulmer** were honored in February through the Governor's Management Service Recognition Program. The program was initiated this year by Gov. Vic Atiyeh to "recognize the loyal and dedicated service of our management service employees." The program will honor 1 percent of the state's management service employees this year.

Grubowski, superintendent of the physical plant, has been employed at the OHSU for 33 years. Fulmer has worked as a payroll supervisor at the OHSU since June 1973.

Dr. Richard E. Bryant, head of the division of infectious diseases in the School of Medicine, was honored recently with the first Joseph Susman Memorial Award at the 19th Annual meeting in Chicago of the Infectious Diseases Society of America. The award is given to the investigator whose studies make the greatest contribution to the understanding or management of surgical infection published in the society's journal during the preceeding year.

Dr. Clare G. Peterson, professor of surgery in the School of Medicine, and chief of surgical services for University Hospital, has been re-elected to the Board of Governors of the American College of Surgeons.

Gary Fagerberg has joined the OHSU as business manager/staff assistant for facilities management.

Dr. Daniel Billmeyer, clinical professor in pediatrics, has been appointed by Gov. Vic Atiyeh to the Governor's Advisory Committee on Medical Assistance for the Underprivileged.

Emergency department making care less traumatic

Trauma.

The very word conjures up images of some frantic, uncontrolled situation. And, indeed, it seldom occurs in an orderly or predictable fashion.

It makes its entrance, most commonly, at the scene of motor vehicle accidents, but can also be present at industrial mishaps, street fights, in the home. And its presence can be devastating.

In Oregon last year, only heart disease and cancer claimed more lives than trauma. It was the leading cause of death in persons younger than 40. In 1981 there were 10,000,000 victims of trauma in the United States. Of that number, 120,000 died; 400,000 were permanently disabled.

But treatment of multiple trauma has improved dramatically recently. Two-and-a-half years ago, the emergency department of University Hospital began reorganizing the approach to treating trauma victims. The result, according to Dr. Daniel Lowe, assistant professor of surgery at the Oregon Health Sciences University, has been a "marked decrease in morbidity and mortality" in victims receiving care on The Hill.

The improved care is a direct result of the implementation of a protocol system for a team approach to the assessment and resuscitation of patients with multiple-system trauma. The protocol was designed to accomplish three things, according to Dr. John Schriver, head of the division of emergency services at the OHSU:

- to assure that the personnel and equipment necessary to care for the victim of trauma were at hand the moment the ambulance arrived;
- to involve, immediately, personnel of the surgical department in the initial assessment and care while the patient is in the emergency department;
- to better organize the trauma team, limiting the persons involved to only those necessary for the purpose of care and to one or two students.

"It's an organized team approach with all the parts working in concert to quickly, but efficiently, get the needs of the patient taken care of," Dr. Lowe said.

Physicians are wont to refer to trauma as a disease; Dr. Lowe points to the statistics and calls it an "epidemic." But both he and Dr. Schriver are quick to emphasize it is a very treatable problem.

"Injured trauma patients are very salvageable patients," Dr. Schriver said. "They are almost always very healthy before their accident, and they have many resources, in terms of health, to call upon to return them to their good health. That makes the care of trauma particularly challenging."

Added Dr. Lowe: "With the resources available to provide timely and efficient care, death and disability can be limited."

Timeliness is the key component in the successful care of trauma. There is a "golden hour" spoken of in which the trauma victim must be resuscitated and revitalized or there is a significant increase in morbidity and mortality. By the time the trauma victim reaches the University Hospital emergency department, anywhere from one to 15 minutes of that golden hour will have been consumed. Time is of the essence, and the protocol helps assure none of it is wasted.

The protocol is declared (either by the emergency department staff physician or triage nurse) as soon as a radio message has been received from the approaching ambulance that a multiple-system trauma patient is en route to University Hospital.

> 'We're now providing a better outcome for the trauma patients who come here.'

The protocol spells out the assignments of the team leaders — emergency department staff physician, triage nurse, surgery team nurse and circulating nurse — and outlines the priorities in the care of a trauma patient.

By the time the patient arrives, all the members of the trauma team have assembled in the emergency department.

"We accept the possibility that it may be overutilization, that we may turn everybody away once the victim arrives and we find he doesn't need all the resources the protocol mobilizes," Dr. Schriver said.

Resources come not only from the emergency department, but also from surgery, the trauma service, the blood bank, X-ray department, respiratory therapy, anesthesia and the emergency laboratory.

"About 15 people are put into action immediately," Dr. Lowe said. "And additional people are notified and standing by. There is a lot of very active involvement and there are things being prepared."

The ability of the professionals to cooperate in a multidisciplinary setting is the keynote to success of the protocol system. "The people who are doing the phone-calling are just as important in this system as the surgeons; the person delivering the blood is just as important as the person taking the X-ray," Dr. Lowe said.

Of crucial import is a high degree of cooperation between the surgical team, which will perform definitive treatment, and the emergency department physicians who perform the initial assessment, resuscitation and stabilization.

"The surgeons show a great deal of willingness to allow the initial resuscitation to be done by emergency physicians," Dr. Schriver said. "At the same time, we want the surgeons to be present because they need to know as much detail about the patient as possible."

The result of the teamwork and better preparation becomes more obvious with each decline in the morbidity and mortality rates of trauma patients. "The best thing that has come out of this," Dr. Lowe said, "is a better appreciation of the needs of the severely injured patient, and the need for organization to provide better service to them.

"We're now providing a better outcome for the trauma patients who come here."

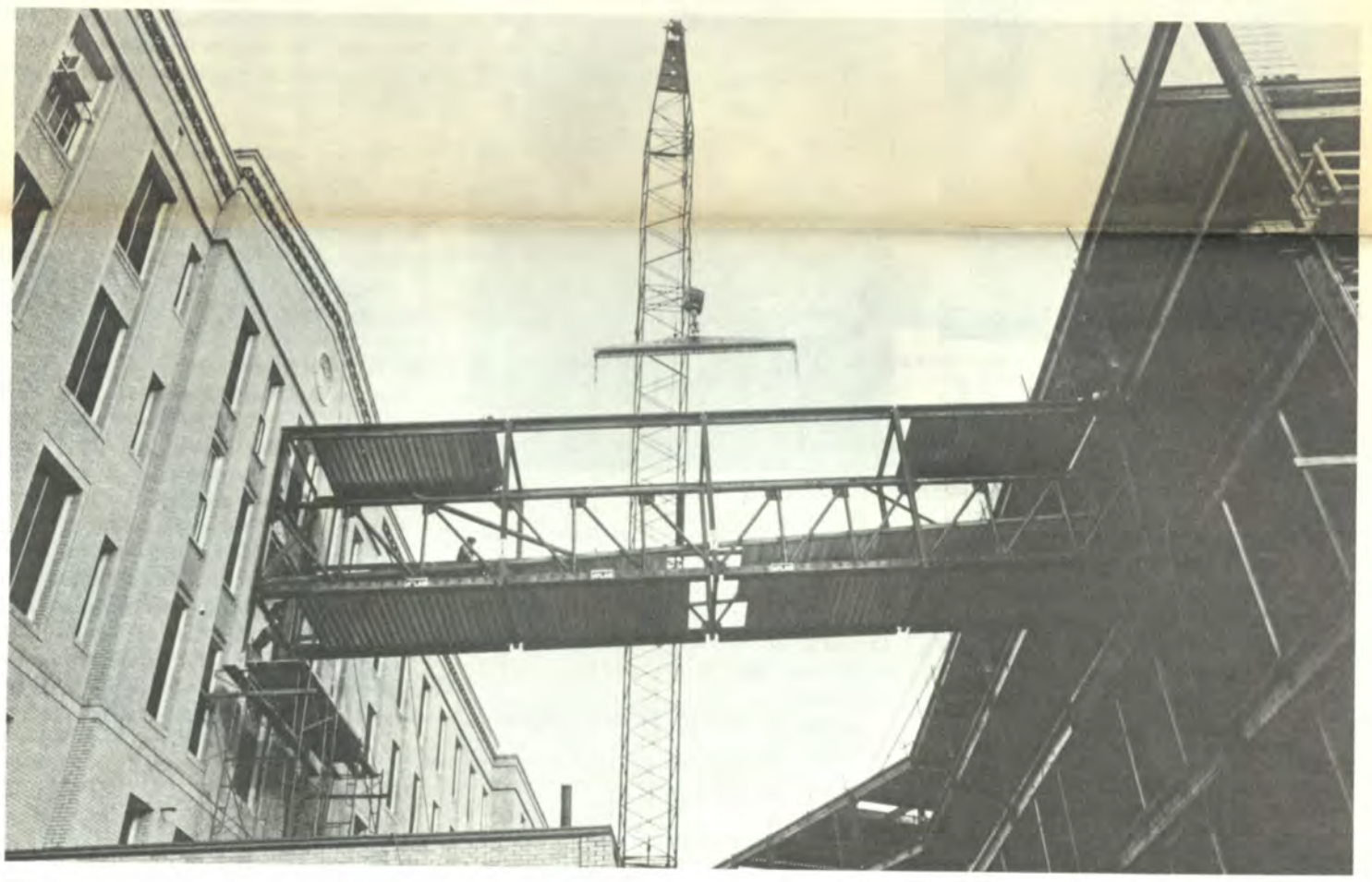
200 alums make hygiene program

Representatives from every graduating class between 1951 and 1981 were in attendance at the OHSU School of Dentistry's Dental Hygiene Alumni Program March 5-6.

Two hundred of the 605 dental hygiene alumni included on the School of Dentistry Alumnae Association list attended the program.

Those in attendance included two former directors of the dental hygiene program, Evelyn Hannon (1951 to 1967) and Rachel Espey (1967 to 1977). Also on hand was Betty Johnson Wight, of Yakima, a member of the class of 1937 (the class of 1951 was the first class to graduate from the formal two-year college program).

The purposes of the alumni program, according to Margaret Ryan, chairman of the dental hygiene department, were: to offer an opportunity for alumni to learn about the goals of the dental hygiene department and the dental hygiene curriculum in the 1980s; to provide the most current information on selected subjects which relate to dental hygiene practice; to foster alumni support for the program, school and institution; and to provide the opportunity for classmates to visit with each other.



Workers connected University Hospital (north) with the new Shriners hospital in February by raising a 23-ton sky bridge into place. The 70-foot span runs from the third floor of University Hospital to the fourth floor of the new structure, expected to be completed in February 1983.

U'Ren featured in lecture series

Dr. Richard U'Ren will be the featured speaker in the fifth Marquam Hill Society Lecture held at the Oregon Health Sciences University April 29.

Dr. U'Ren, associate professor of psychiatry in the OHSU School of Medicine, will speak on emotional problems in the aging.

The final lecture in the 1981-82 series will be held May 20 and feature Dr. Scott Goodnight, professor of medicine and head of the division of hematology and medical oncology in the OHSU School of Medicine. Dr. Goodnight's topic will be "Dietary Fish Oil in the Prevention of Heart Disease: Lessons from the Eskimos."

Both lectures will begin at 8 p.m. in the Library auditorium.

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