10/82

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.

Funding OK'd for Biomedical Research Institute

The proposed Institute for Advanced Biomedical Research at the Oregon Health Sciences University cleared its final hurdle September 17 with the announcement by Oregon senator Mark Hatfield that the $20,790,000 needed for construction had been awarded by the Department of Health and Human Services.

Announcement of the award was the final step in a process that began in December when the funding originally was appropriated by the Senate Appropriations Committee, of which Hatfield is chairman. The idea for the Institute was spurred by a $5 million gift — the largest private contribution in the history of the OHSU — from a Portland couple who wish to remain anonymous "to begin creation of a new entity, an institution devoted to advanced biomedical research . . ."

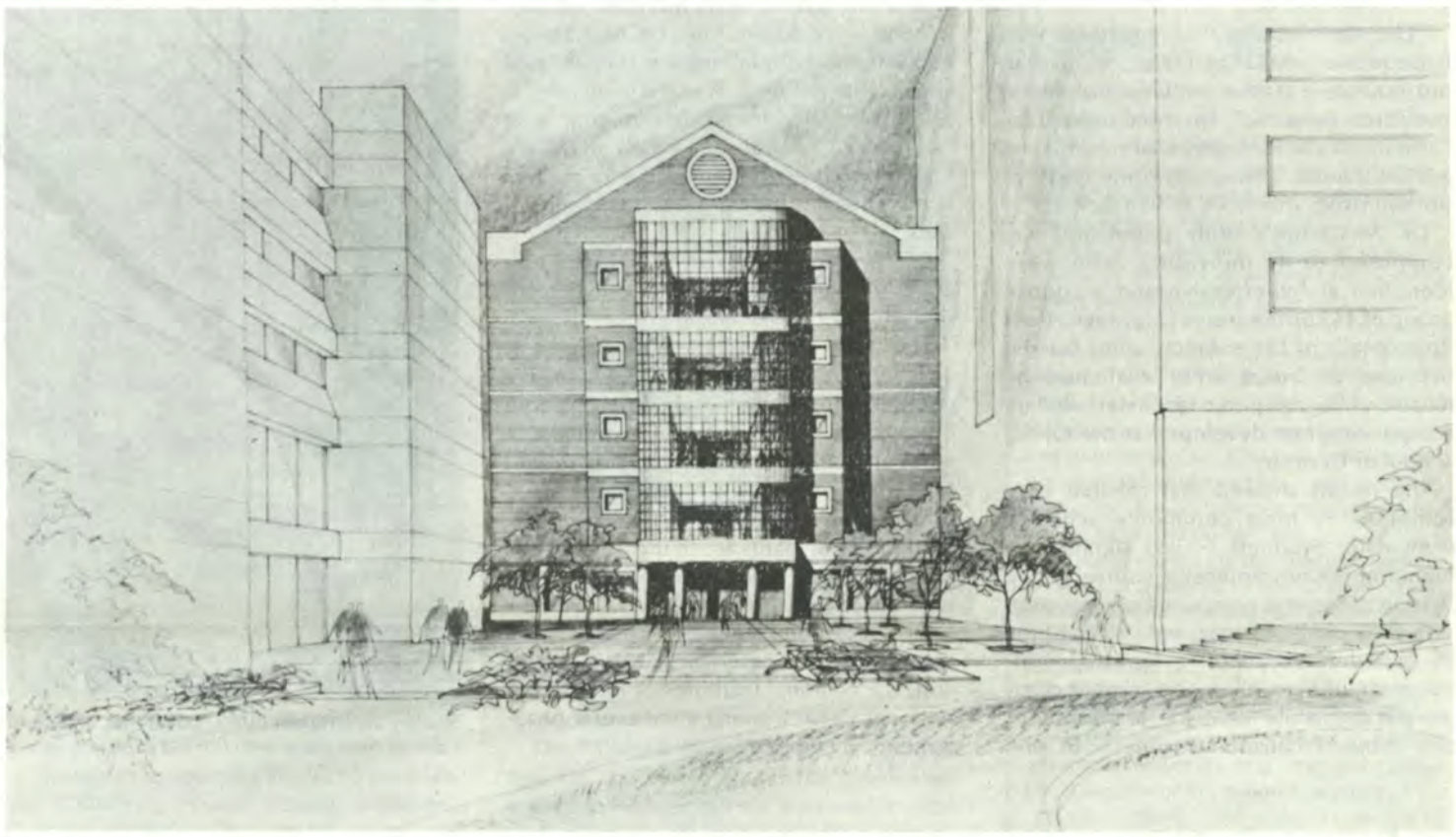
In making the announcement, Hatfield said, "The granting of this award culminates several months of careful planning between the School of Medicine and federal and state officials. This Institute is certain to be at the cutting edge of bioscientific advancements of the future.

"The Institute will build on the impressive strengths that currently exist within the Oregon Health Sciences University. It will bring to Oregon, the Pacific Northwest and the nation urgently needed momentum in developing new information in the laboratory.

"Of highest priority is that the resulting knowledge be applied expeditiously to direct patient care. This facility will be dedicated to the improvement of health for all of our citizens to the enhancement of life. This is a sound investment in people. Through such programs, we reduce the cost of health care over the long run. We will pay tomorrow for opportunities in research that go unexplored today. This type of grant represents the wisest possible utilization of the nation's resources."

Added OHSU President Leonard Laster: "This moment will be a watershed in the evolution of biomedical research and patient care in Oregon. The opportunity to enhance a faculty that is now small in number but great in talent and commitment by the recruitment of additional outstanding bioscientists will provide an invaluable infusion of strength to the Health Sciences University and to the economy of this state.

"We are deeply indebted to Senator Hatfield for his profound commitment to the betterment of the human condition through the advancement of biomedical knowledge and for his faith in the future development of this institution. We are also indebted to the committee of faculty colleagues who devoted so much of their time and ability to the thinking and writing that were required in the process of obtaining this unprecedented support."



Above is one artist's preliminary rendering of what the Institute for Advanced Biomedical Research could look like when completed in 1985. The artist has placed this version between the Basic Science Building and the Medical Research Building, one of the sites suggested by the Zimmer, Gunsul, Frasca Partnership, the architectural firm that has been approved for the project.

Dr. Laster also announced the appointment of a search committee for the director of the institute. Nominations were taken from the schools of Dentistry, Medicine and Nursing. The committee will be chaired by Dr. Howard Mason, professor, Department of Biochemistry, School of Medicine. Dr. Marvin Rittenberg, professor, Department of Microbiology and Immunology, School of Medicine, is vice chairman. Other members of the committee are Dr. John Bissonnette, professor, Department of Obstetrics and Gynecology, School of Medicine; Dr. Arthur Brown, chairman, Department of Physiology and Biophysics, School of Dentistry; Dr. Jorge Crosa, assistant professor, Department of Microbiology and Immunology, School of Medicine; Dr. Charles H. Faust, associate professor, Department of Surgery, School of Medicine; Dr. Scott Goodnight, Jr., associate professor, Department of Medicine, School of Medicine (alternate); Dr. Monte Greer, professor, Department of Medicine, School of Medicine; Dr. Barbara Iglewski, Department of Microbiology and Immunology, School of Medicine; Dr. David Kabat, professor, Department of Biochemistry, School of Medicine; Dr. John Kendall, professor, Department of Medicine, School of Medicine; Dr. Carol Lindeman, dean, School of Nursing; Dr. Aaron Novick, chairman, Department of Biology, University of Oregon (community representative); Dr. George Porter, chairman, Department of Medicine, School of Medicine; Dr. John A. Resko, chairman, Department of Physiology, School of Medicine; Dr. Albert Starr, chairman, Department of Cardiopulmonary Surgery, School of Medicine; Howard Vollum, chairman of the board, Tektronix, Inc. (community representative); Dr. Kirk Wuepper, professor, Department of Dermatology, School of Medicine.

Related story on Page 3.

Plan will guide OHSU progress

A guide that will serve as the basis for future planning and physical development at the Oregon Health Sciences University has been approved by the Oregon State Board of Higher Education.

The Framework Master Plan, developed by the Zimmer, Gunsul, Frasca Partnership, Architects, is an assessment of the context of the OHSU within the larger Urban Design Framework, a composite that considers the existing conditions on campus and the potential for future development.

Such a plan, the architects reported, is important for the OHSU because the campus: is characterized by severe topographical relief which limits building sites, divides the campus into two major areas and restricts access to the campus; has areas of high building and population density; and contains a multiplicity of separate but interrelated functions that all serve the general health and well being of citizens of the state.

The Framework Master Plan is divided into seven major components: Urban Design Framework, transportation, pedestrian circulation, university development, geotechnical analysis, utility systems and campus energy. Each of the components includes general guidelines for future development and proposed actions which would be undertaken whenever development occurs. The components are sensitive to the following general guidelines:

(continued on page 3)

THE OREGON HEALTH SCIENCES UNIVERSITY PRESENTS THE FIRST

UNIVERSITY RESEARCH CONVOCATION

Convocation address by Senator Mark Hatfield

Featuring:
*Research projects from the Schools of Dentistry, Medicine and Nursing.
*An exhibit and poster session with OHSU researchers.
*Open to students, employees, families and friends of the Oregon Health Sciences University.

NOVEMBER 12, 3:30-6 P.M., LIBRARY AUDITORIUM, FREE TO PUBLIC

OHSU studies link calcium deficiency, hypertension

More calcium, not less sodium, may be one of the most important nutritional factors in protecting against high blood pressure, according to findings reported by an Oregon Health Sciences University researcher in recent articles in "Science" magazine and the "New England Journal of Medicine."

Written by Dr. David McCarron, associate professor of medicine and chief of the hypertension program at the OHSU, the articles report the results of two recently completed studies that suggest a relationship between dietary calcium deficiency and hypertension.

Research into the causes of hypertension has focused primarily on excessive levels of dietary sodium and virtually ignored the role calcium plays.

"Our data indicate that individuals with hypertension may ingest less calcium than normotensive (those with normal blood pressure) subjects," Dr. McCarron said. "The implications, in terms of health care, are substantial. This opens some very important issues that need to be resolved."

Dr. McCarron's study population was composed of 46 individuals who were identified as hypertensive and a control group of 44 normotensive volunteers. Random recalls of the subjects' diets for the previous 24 hours were evaluated by means of a computer-facilitated dietary analysis program developed at the OHSU School of Dentistry.

The results showed that calcium consumption — most commonly acquired from dairy products — was significantly higher in the normotensive control group than in the group composed of hypertensive individuals. Further, only eight of the 46 hypertensive subjects reported consumption of more than one gram of calcium per day while 18 of the 44 normotensive subjects consumed more than one gram, Dr. McCarron said.

Research into the causes of hypertension has focused primarily on excessive levels of dietary sodium and has virtually ignored the role calcium plays, according to Dr. McCarron. His study does not dispute the fact that hypertensive persons should lower their intake of salt. But, he said, there is no real proof that persons who are not hypertensive should place salt any higher on their list of worries the obesity, genetic predisposition or calcium deficiency.

"Within most societies," Dr. McCarron said, "there is no demonstrable difference between the sodium intake of subjects with hypertension and subjects who remain normotensive. Although hypertension in some societies appears to be associated with the level of sodium in the diet, there are other cultures that have a remarkably low prevalence of hypertension in spite of high sodium intake."

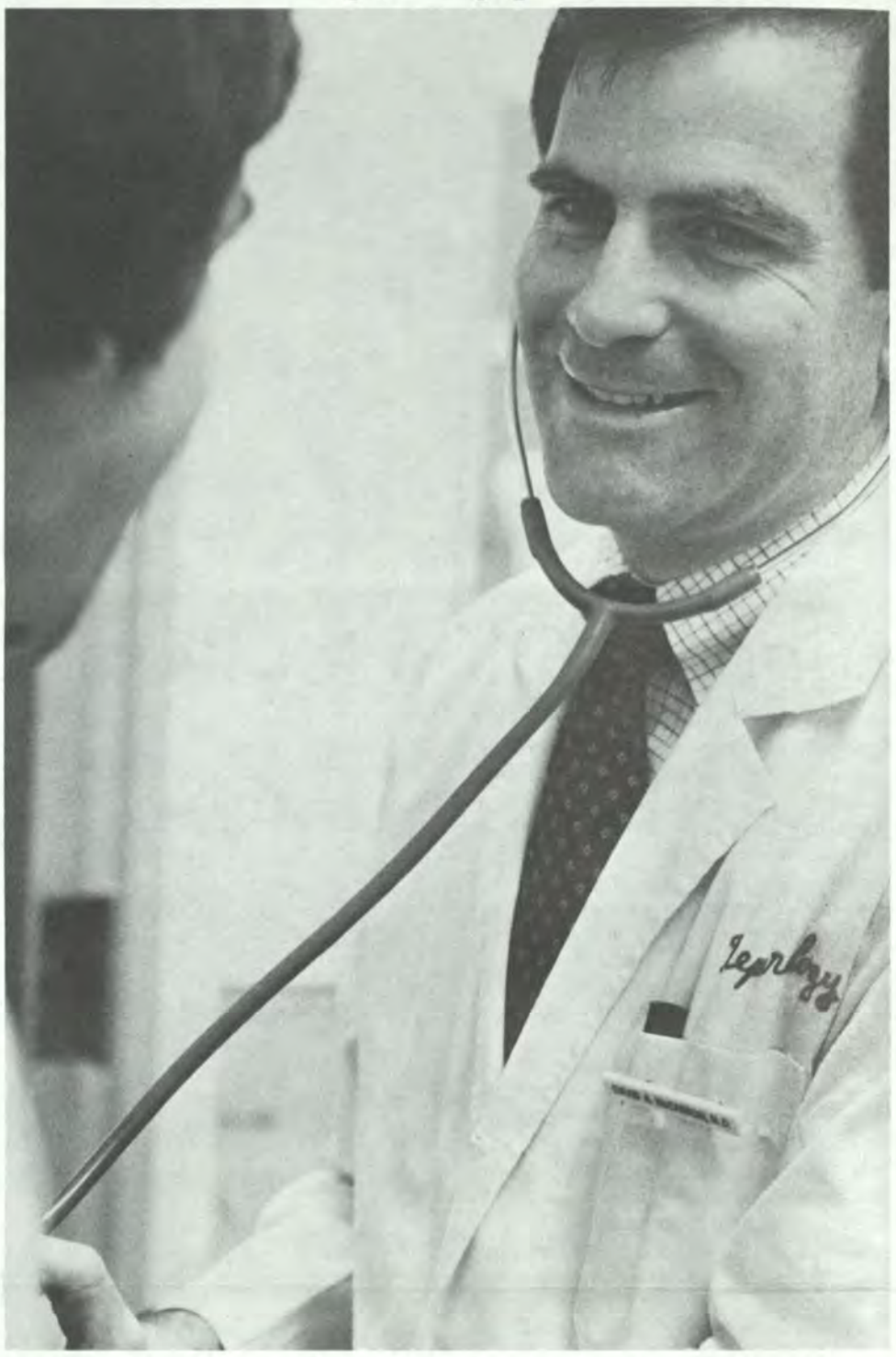
In support of his research, Dr. McCarron has noted that Americans have not changed the level of their salt consumption in the past 60 years but they are consuming less calcium. Also, Dr. McCarron's experiments with laboratory animals have shown that the level of dietary calcium "is an important factor in determining what happens to laboratory animals that have high blood pressure. Adding extra calcium to the animal's diets reverses the hypertension."

Dr. McCarron is also involved with a separate project researching anti-hypertension drugs.

The study evaluates the effectiveness of different medications in hypertensive people. "This is completely different from the calcium study," said Mary Forehand, a nurse practitioner who works with Dr. McCarron in the anti-hypertension drug studies.

Study participants are in the 21 to 70 age range and have mild to moderately severe high blood pressure.

Dr. McCarron's research is supported by grants from the American Heart Association, the National Institutes of Health, the National Dairy Council and several pharmaceutical companies.



Studies undertaken by Dr. David McCarron indicate that persons with hypertension may ingest less calcium than those with normal pressure.

Chancellor making presence felt in state

Dr. William Davis, new chancellor of the Oregon State System of Higher Education, has wasted little time making his presence known in the state. The Chancellor has recently unveiled separate proposals that call for the:

- stiffening of entrance requirements to the state's public four-year institutions;
- freezing of tuition levels in the state system's eight colleges and universities at 1982-83 levels through 1984-85;
- consolidation of elementary and secondary teacher-education programs at Oregon State University in Corvallis and Western Oregon State College in Monmouth;
- development of a long-range plan for the system's colleges and universities.

The Joint Committee on High School/College Connection met Sept. 2 to hear testimony on Dr. Davis' proposal to raise the entrance requirements for Oregon's state colleges and universities. Dr. Davis, who became chancellor July 1, said stiffer requirements would make the colleges more attractive to both Oregon and out-of-state students and relieve the four-year institutions of the need to provide extensive remedial courses.

Dr. Davis would like the new requirements to go into effect for the class of 1985, this year's high school sophomores.

Members of the Joint Committee on High School/College Connection — State Board of Education member Joyce Benjamin, State Board of Higher Education member Alvin Batiste and Educational Coordinating Commission member Virginia Lindberg — will make recommendations to their respective boards later this fall.

The proposal to freeze tuition levels was included in the state system's $1.5 billion operating and construction budget request for the 1983-85 biennium. The tuition freeze is the No. 1 priority in the $606 million instructional budget portion of the overall request.

Other priorities are financing faculty salary increases already approved for mid-1983, improving faculty salaries to more competitive levels, enhancing building maintenance, improving libraries, buying equipment and conducting research.

Consolidating the teacher-education programs at OSU and WOSC, which are in cities only 20 miles apart, could save $300,000, Dr. Davis said. It might also save 10 faculty positions.

The long-range plan for the state system is the project of Larry Pierce, recently appointed as the Chancellor's special assistant for long-range planning.

The plan should, according to Pierce:

- Determine each college and university's mission.
- Decide on levels of quality for major programs.
- Raise entrance requirements for students, as necessary.
- Increase incentive for outstanding students to enroll.
- Improve faculty salaries and other benefits to attract outstanding teachers.
- Determine building, equipment and library needs.

Pierce's position is one of two created this summer by Dr. Davis. The other job, acting vice chancellor of public affairs, will be filled by Wil Post who will take a leave of absence from his duties as assistant to the president of Oregon State University.

Post will serve as liaison with state agencies and state government, provide informational services for the Board, its staff and the Chancellor, and coordinate institutional activities in public affairs.

Robert Ingalls
President of the OSBHE

Ingalls named

Robert Ingalls, retired publisher of the Corvallis Gazette-Times, has been elected president of the Oregon State Board of Higher Education.

Ingalls, who was elected by Board members to his one-year term, replaces Edward Harms, of Springfield, who will remain as an executive member of the OSBHE.

Loren Wyss, Portland economist and a member of the Board since 1977, was elected vice president.

THE OREGON HEALTH SCIENCES UNIVERSITY NEWS

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The Oregon Health Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, OR 97201

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Dr. Gerda Benda

Dr. Daniel Labby

Patricia Tomlinson

Dr. Alfred Lewy

Lecture series begins second year on Hill

Interested citizens once again will have the opportunity to hear members of the Oregon Health Sciences University faculty discuss timely and important human health issues when the Marquam Hill Society Lecture Series begins its second year Oct. 28.

Scheduled to open the fall series is Dr. Jack Vernon, professor of otolaryngology in the School of Medicine and director of the Kresge Hearing Research Laboratory at the Portland Center for Hearing and Speech.

Dr. Vernon is the developer of the Tinnitus Masker, a device that is providing relief for many of the nearly eight million American adults who suffer from serious ear noises. He will speak and answer questions on what he feels is "The Worst Problem Affecting Modern Society: Hearing Loss."

On Nov. 11, a special panel will be brought together to discuss psychological, sociological and health-related issues in today's American family. Dr. Daniel Labby, professor of psychiatry and internal medicine in the School of Medicine, will chair "The Changing Contemporary American Family."

Dr. Labby, an OHSU faculty member since 1948, works extensively in relationship therapy such as marriage counseling.

Other members of the panel are Patricia Short Tomlinson and Dr. Gerda Benda. Tomlinson is associate professor of mental health nursing in the School of Nursing and a doctoral candidate in family relations and human development at Oregon State University. She recently conducted a study examining the conflicts women experience throughout childbirth, primarily in choosing between staying home or pursuing a career.

Dr. Benda, associate professor of pediatrics in the School of Medicine and assistant director of University Hospital's Neonatal Intensive Care Center, has helped develop techniques to aid certain high-risk newborns.

Dr. Alfred Lewy, the featured speaker Dec. 2, will speak on "Moods and Hormones: How Light Affects our Biological Clocks." Dr. Lewy is an assistant professor in the School of Medicine's psychiatry, pharmacology and ophthalmology departments and director of the first sleep and mood disorders clinic at the OHSU.

He has pioneered the use of bright, artificial light in the treatment of winter depression. In his talk, Dr. Lewy will discuss new research on the brain's pineal gland and its hormone, melatonin, and how light is used in the treatment of some mood, hormone and rhythm disorders.

The winter series will open Jan. 27 with featured speaker Dr. Robert Bennett, professor of medicine and chief of rheumatology in the School of Medicine, whose topic will be "Arthritis and Rheumatism: A Question of Age?"

Dr. Charles Dotter, professor and chairman of diagnostic radiology in the School of Medicine for the past 30 years, will speak Feb. 24 on "X-ray Guided Alternatives to Surgery."

Dr. Frances Storrs, professor of dermatology in the School of Medicine, will speak March 31 on "Environmental Factors in Itches and Rashes;" and Dr. Frederick Fraunfelder, professor and chairman of ophthalmology in the School of Medicine, will close the 1982-83 lecture series April 28 with a discussion of "Oregon's Internationally-recognized Contributions to Eye Research."

All of the free lectures begin at 8 p.m. in the Library Auditorium and are open to the public.

Watch for more details on the winter series in the upcoming issue of OHSU News.

OHSU News wins regional IABC award

The Oregon Health Sciences University News has been honored in the recent International Association of Business Communicators District 6 awards competition.

The News was awarded first place in the 10-state district for overall excellence in writing, photography, design and typography.

The states comprising District 6 are Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming. More than 9,000 members from 42 countries belong to the IABC.

The "Silver 6 Award" continues a tradition for the News, which has been honored consistently during the past six years in local, regional and national competitions.

More than 40 persons from five states attended the 16th Annual Dental Careers Institute at the School of Dentistry this summer. The week-long event, designed to acquaint potential dental and dental hygiene students with dental school and dental careers, is the only one of its kind in the nation. Participants, who were led in their activities by Dr. J. Henry Clarke (right), from the School of Dentistry, ranged in age from 15 to 39.

Research center catalyst for unity

The $20 million Institute of Advanced Biomedical Research, funding for which was ordered Sept. 17 by the U.S. Department of Health and Human Resources, may be the catalyst needed to pull the many structures of the Oregon Health Sciences University into a single, cohesive campus. If so, it would be a bonus to the jobs, education and research opportunities already seen in the project.

Friends and faculty of the university on Marquam Hill Monday saw the tentative framework of a master plan for the campus that sprawls on steep slopes above Portland. One of several sites discussed for the new institute would tie three research, classroom and student-activity structures together around a park-like plaza, common enough on most university campuses but unheard of on Marquam Hill.

Editorial
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The Oregonian
With all the features of the Oregon Journal

September 25, 1982

Other possibilities for linking the 18 major buildings and three parking structures on the 116-acre campus were discussed by architects from Zimmer/Gunsel/Frasca Partnership, of Portland, which has been hired to design the new building as well as to develop a master plan. The latter will be no easy task in view of the lack of planned relationship among buildings dating as far back as 1919.

The architects have been asked to develop improved pedestrian and vehicular access, establish a clear boundary between the campus and adjacent neighborhoods and integrate what now are perceived as north and south campuses. One new building cannot do all that, but it can be — and should be — the first thoughtful act in piecing together the jigsaw puzzle on "Pill Hill."

Critics of adding the Institute of Advanced Biomedical Research to the Oregon Health Sciences University expressed concern that it might draw from already too tight public and private financing. Rather, it should encourage new donors for the center because, as Sen. Mark Hatfield said in describing the $20 million federal grant he worked so hard to get for the university, it is "the wisest possible utilization of the nation's resources."

Hatfield added: "This institute is certain to be at the cutting edge of bioscientific advancements of the future." That surely is where Oregonians want their health sciences university's educators, clinicians, staff and administration to be, for it is through research applied to patient care that life is enhanced and costs of health care can be reduced over the long run.

Thus, the new institute not only should provide, as university President Leonard Laster has said, "an invaluable fusion of strength to the health sciences university and the economy of the state," but also the unanticipated plus of an overdue first step toward building a cohesive campus on Marquam Hill. It is an exceptional public investment.

Framework plan

(continued from page 1)

- The University's physical and visual presence on Marquam Hill should be enhanced.
- Campus entries or gateways should be developed to create a "front door."
- The north and south campuses should be integrated to form a cohesive and continuous environment.
- The University's circulation system should provide clear and orderly access to and throughout the campus.
- The University should be integrated into the general neighborhood structure to minimize impacts.

The Framework Master Plan is intended to fulfill the City of Portland's requirement that any further development of the University be based upon a campus land-use plan that will support the comprehensive land-use plan of the city.

Also, acceptance of the plan by the city will reduce the need for public hearings on conditional land-use applications for future development the plan identifies.

Program brings pharmacist out in open

Pharmacists at University Hospital are being brought out of the pharmacy and placed in the mainstream of the patient care system in a new program now being implemented.

The "unit dose" program, now operating on all of the nursing units of University Hospital (north), allows the pharmacists to practice in the patient care area as more visible and active members of the hospital's health care team.

Under the hospital's old "floor stock" system, pharmacists stayed in the pharmacy, filling orders for bottles of medication which were then dispensed by the hospital nursing staff. Occasionally, the pharmacist would compound or manufacture products that weren't available. Pharmacist's trips to the nursing units were often limited to monthly visits to inspect drug supplies.

The pharmacist's role has changed considerably in the unit dose program. Interaction with the physicians, nurses, and patients is the most dramatic — and welcomed — difference. "Pharmacists are now working on the nursing units where they can use their skills and knowledge to assist the health care team in the proper use and control of medications in the hospital," said F. James Hibbard, assistant director of pharmacy services. "Each medication ordered by the physician is reviewed by the pharmacist to avoid potential incompatibilities, allergies, and other drug related problems."

The pharmacist's interaction with the physicians, nurses and patients is the most dramatic — and welcomed — difference.

Using a master medication cart, the pharmacist dispenses a 24-hour supply of the drug(s) into individual patient medication drawers. Medications are labeled and packaged into single-use containers which are ready for administration by the nurse. This, in turn, reduces the time needed for the nurse to prepare the medication for administration. In addition, "unit dose systems have been well documented in the literature to reduce the risk of medication errors and to facilitate optimal utilization of drugs to patients," said Mike Regner, team leader pharmacist.

Physicians and nurses, as well as other members of the health care team, have more direct access to pharmacists and rely upon them to aid with information regarding drug therapy management, patient drug histories, discharge consultation, and patient education about medications. Unit dose services are provided within the hospital, 24 hours each day, with a pharmacist directly available on the nursing units from 7:00 a.m. to 1:00 p.m.

Acceptance of the program has been universal within University Hospital and among physicians, nurses, and pharmacists. "We've been able to develop excellent working relationships with other health care team members, and we're beginning to realize their concerns and needs just as they are beginning to realize ours," Regner said.

"We believe that the program has improved pharmaceutical services for the patient."

Conversion of University Hospital (south) will begin sometime this fall and probably be completed by next summer, Hibbard said.

Pharmacist Maureen McGrath and a University Hospital nurse review a prescription as part of the Unit Dose Program.

BRSG program adds $175,000 to School of Medicine research

The Oregon Health Sciences University School of Medicine has received $175,389 from the Biomedical Research Support Grant program, which is funded through the National Institutes of Health.

The BRSG program is intended to support pilot projects, assist in the purchase of equipment, provide interim funding during temporary lapses in project grant support, and assist in establishing laboratories for new investigators. In the past seven years, the OHSU School of Medicine has received more than $1 million in BRSG monies.

Three years ago, the annual BRSG competition for School of Medicine faculty was established. A portion of the total grant funds the competition between researchers whose projects merit special recognition. This year, nearly $60,000 has been awarded to 10 faculty members. The remainder will be awarded to investigators as emergency situations arise.

Winners of the 1982 BRSG competition, their projects and the amounts of their awards follows:

- Dr. Jorge H. Crosa of Tualatin, assistant professor of microbiology and immunology, "Localization of the Genes Coding for Surface Proteins in the Trypanosome Cruzi Genome," $6,000.
- Dr. Charles H. Faust, Jr. of Portland, associate professor of surgery, biochemistry and microbiology and immunology, "Molecular Structure of the Epsilon Heavy Gene Coding for IgE" $10,000.
- Dr. Lesley M. Hallick of Portland, associate professor of microbiology and immunology, "Herpes Simplex Virus DNA: Probe for Human Repair Pathways," $7,332.
- Dr. Gayle Hostetter of Portland, assistant professor of anatomy, funds to purchase a service contract for a gamma counter $2,500.
- Dr. Malek Kamoun of Portland, assistant professor of clinical pathology, "Biochemical Characterization and Biological Relevance of the Human T Lymphocyte Surface Protein (p 50) Associated with E-rosette Receptor," $6,500.
- Dr. David Kabat of Portland, professor of biochemistry, funds to purchase equipment for a laboratory for cloning tumor genes, $760.
- Dr. H. Jeffrey Lawrence of Portland, assistant professor of medicine, 'Autologous Cytotoxic Lymphocytes in Acute Leukemia," $4,050.
- Dr. Alfred Lewy of Portland, assistant professor psychiatry and pharmacology, "Adrenergic Receptor Function in Affective Illness," $9,300.
- Dr. George D. Olsen of Tigard, associate professor of pharmacology, "Narcotics and the Prenatal Development of Breathing," $9,400.
- Dr. William K. Riker of Portland, professor and chairman of pharmacology, "The Role of the NA^{+}-Ca^{++} Antagonism in Synaptic Transmission and Synaptic Repetitive Discharge in the Bullfrog Sympathetic Ganglion," $3,050.

Layman: 1910-82

George Herbert Layman, who served for 13 years on the Oregon State Board of Higher Education until his retirement in 1976, died in August at age 72.

Layman served two consecutive terms as president of the OSBHE.

Structure to add 450 parking spots

Parking capacity in structure No. 2, (lot 8) adjacent to the School of Dentistry, will increase by approximately 450 when construction on a three-story addition is completed next year.

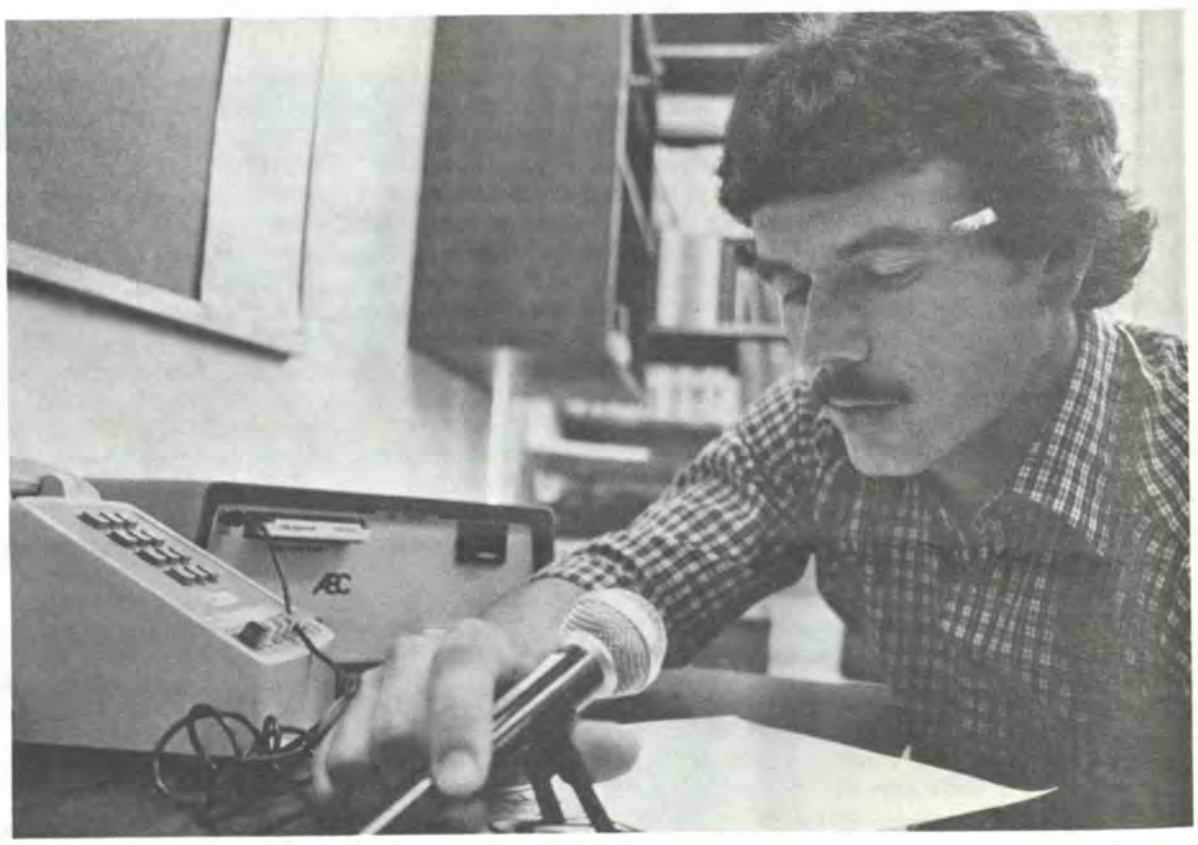
Construction, contingent on acquisition of a conditional use permit from the city of Portland, is scheduled to begin in October and be completed in about one year, estimated Gordon Ranta, director of Facilities Planning.

When originally designed in 1972, the complex was to be six stories tall with the capacity to add another two floors. It became a five-story structure when the construction bids received were higher than anticipated. "But we still planned to eventually have an eight-story complex," Ranta said.

Along with the additional stories, the structure will receive a new exterior facing. "They're going to sandblast the exterior throughout the old structure because it didn't bond properly and it is falling off in some places," said Laurie LaVoie, the parking construction project manager.

Lost during a portion of the construction will be approximately 150 parking spaces in lot. No. 8. "Some parkers will be moved to other parking lots on the campus during construction, but we're going to get them back into lot 8 as soon as we can," Ranta said.

Representatives from Facilities Planning have met with Tri-Met to ensure that the scheduling of bus No. 8, which uses Campus Drive (on which structure No. 2 is located) in servicing The Hill, is unimpeded.



Tele-Gram, the OHSU's new telephone information service, went on line in September, providing employees and students with timely information about the University. The service is operated by Dick Baltus, internal communications officer.

What's new at the OHSU? Call Tele-Gram

One of the newest telephone numbers on campus these days is also the newsiest.

Now employees and students of the Oregon Health Sciences University can receive timely information about events pertinent to them by dialing 225-7330, the number for Tele-Gram, a new telephone information line.

Implemented in September by the Office of University Relations, Tele-Gram will augment Campusgram, the weekly newsletter and primary internal communications medium at the OHSU. Callers will hear information updated daily on meetings and special events, major employee appointments, holiday closures, clinical services, financial aid and scholarship developments and many other announcements.

Items appearing on Tele-Gram will ease some of the space constraints placed because of budget cutbacks on Campusgram.

Tele-Gram will be operated under the supervision of Dick Baltus, internal communications officer at the OHSU. In his new role, Baltus will be responsible for coordinating all of the employee communications programs that originate in the Office of University Relations including Tele-Gram, Campusgram and OHSU News.

The Oregon Health Sciences University differs from the other universities and colleges of Oregon's state system of higher education by virtue of the marked degree to which the teaching and research efforts of its faculty and students are applied on campus to achievement of the fundamental mission — skilled and humane care of patients. Patient care is administered in the OHSU Dental Clinics and in its Crippled Children's Division, but the bulk of the clinical services is provided in its University Hospital. This hospital differs from all other hospitals in Oregon by virtue of its location within and integration into an academic health center. The patients of University Hospital and its clinics reap unprecedented benefits from the immediate availability of outstanding faculty and staff to provide them with outstanding clinical care.

Nowhere is this beneficial symbiosis more clearly evident than in the University Hospital programs for the care of patients with diseases of the heart and blood vessels. As recounted below, many important advances were made on Marquam Hill in the past and many are being made today. At a time when citizen concern is directed all too frequently to the costs of higher education and to its very real problems, it behooves us to spend a moment to learn about the magnificent dividends we receive for our investments. The programs described below are available to each of you, and there may come a moment when one of them will save your life. I urge you to read about them, visit the clinics, and ask additional questions if you have them. This is your health sciences university, and its University Hospital is your hospital. The people on Marquam Hill care for Oregon, and this section of this news publication is intended to introduce them to you.

Leonard Laster, M.D., President

FOCUS ON
THE UNIVERSITY HOSPITAL
THE OREGON HEALTH SCIENCES UNIVERSITY
NEWS

Tic-tick. . .tic-tick. . .tic-tick. . .tic-tick. . .

When it's healthy, we tend to take it for granted. It just ticks along.

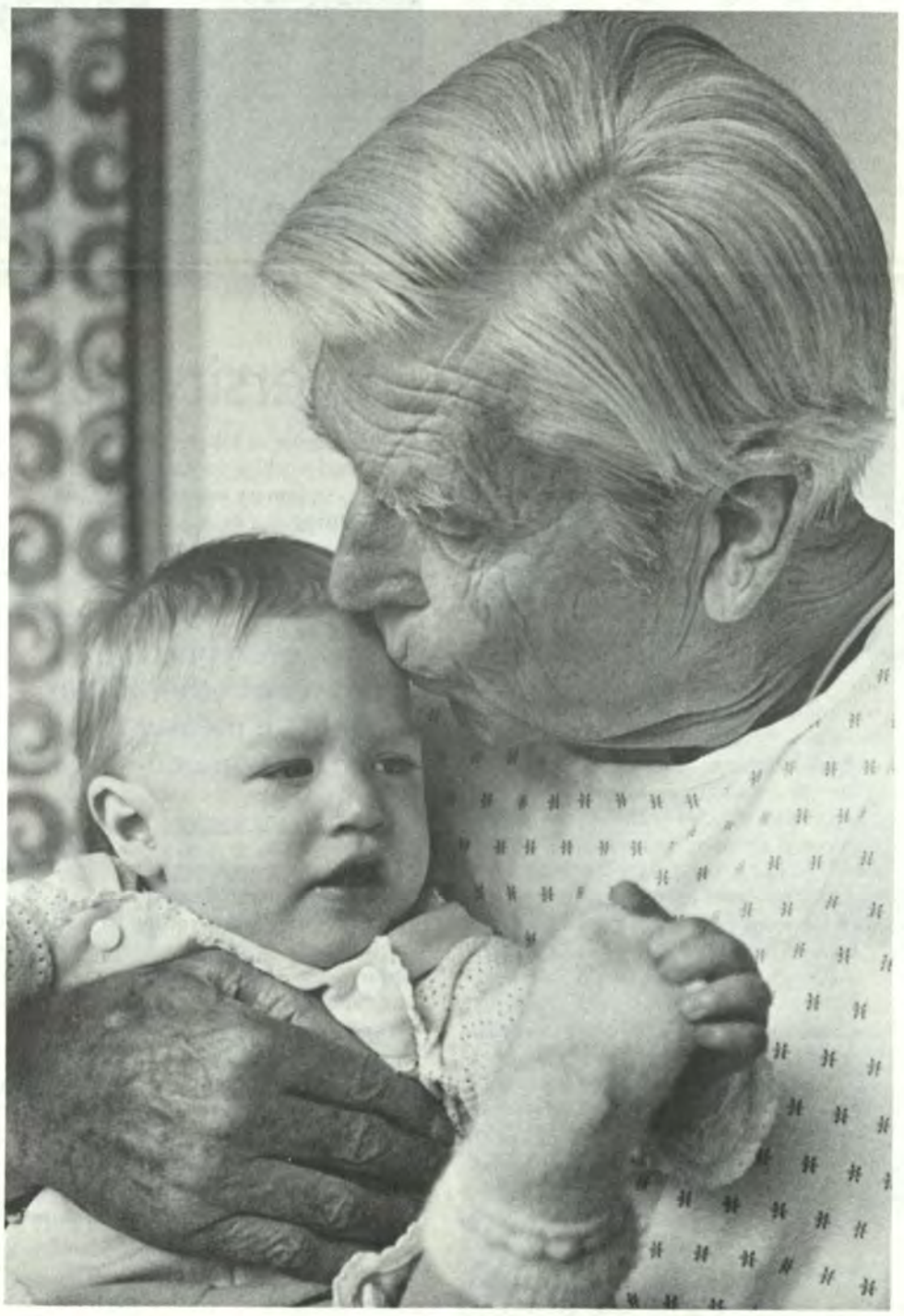
We hardly notice it until it brings itself to our attention at the top of the stairs or when the neighbor's Doberman makes a surprise visit into our yard or when they're playing our song.

If we are lucky, those will be the only types of situations in which we think about our hearts. If we are not so lucky, we will be among the 1.5 million Americans who are reminded this year that our hearts do an awful lot of work for us, and sometimes they get tired. And sometimes they get sick. And sometimes they just wear out.

Coronary heart disease, the leading cause of death among us, is a harsh reminder that we should not take our hearts for granted. The staff of University Hospital doesn't need any reminders. It always has your heart in mind — and it has for a long time.

Coronary heart disease, the leading cause of death among us, is a harsh reminder that we should not take our hearts for granted.

- In 1957 Oregon's first open heart surgery was performed at University Hospital.
- In 1960, for the first time, a malfunctioning heart valve was replaced in a patient at University Hospital with an artificial valve developed by Dr. Albert Starr, chief of cardiopulmonary surgery, and his engineer associate, M. Lowell Edwards.
- In 1964 the Oregon Journal reported "The first baby born to a mother with an artificial heart valve is snoozing peacefully in the University of Oregon Medical School obstetrics unit at Multnomah Hospital (now University Hospital (north))."
- In the mid 1960s Dr. Melvin Judkins, a University Hospital physician, made major advances in the techniques of coronary arteriography. Using contrast agents and other materials along with X-ray technology, he simplified and improved the technique; his is the standard method used all over the world now. Cardiologists and surgeons now were able to see the heart at work and to watch the blood flow in the coronary system.



Heart disease knows no age limit. Fortunately, neither does the care provided at University Hospital. While in the hospital for electrophysiology studies, James Torson, Portland, was introduced to fellow patient Becky Stewart, Troutdale, who was receiving attention for her congenital heart disease.

- In 1964 Dr. Charles Dotter, chairman of the Department of Diagnostic Radiology, saved a woman's leg from amputation by using a catheter of his own design to open a blocked thigh artery that was inhibiting blood flow. Transluminal angioplasty, as it was dubbed, has since proved to be an effective therapy for many victims of arteriosclerosis (hardening of the arteries). Recently the method has been adapted to the coronary system.
- In 1972 Dr. Starr helped develop a new cardiac pacemaker that could be monitored by phone. Four years later it was improved further when he solved the major problem of seepage of body fluids into the tiny unit.

The advances made at University Hospital over the years have benefited thousands. Since the first heart valve replacement, more than 150,000 patients all over the world have undergone similar procedures. Dr. Starr has performed 2,500 implants himself.

University Hospital is a setting in which advances in heart research often are made and applied first.

Since 1964, Dr. Dotter and his associates have performed nearly 500 transluminal angioplasties on patients in University Hospital.

Many of the problems might otherwise have required surgery.

Today advances continue to be made by University Hospital's staff members specializing in cardiovascular disease, all of whom are involved in research that can quickly be translated into clinical care — into caring for you.

Physicians at University Hospital currently are studying the roles of diet and exercise in reducing the risk of coronary heart disease. Research performed at University Hospital and elsewhere is now being applied to a new drug treatment that may prove to reduce the long-term effects of a heart attack.

Cardiologists in University Hospital are now able to more precisely prescribe medications to combat irregular heart rhythms — the most common problem afflicting cardiac patients — because of a remarkable procedure being performed in the Cardiac Catheterization Laboratory.

And a unique rehabilitation program in University Hospital is helping patients get back on their feet after a heart attack.

Heart research is a field in which steady, measurable advances are being made. And University Hospital is a setting in which those advances often are made and applied first.

That's important to you. Your heart is your life.

It's our life, too.

OHSU nutritionists develop a diet you can live with

It's as American as hamburgers and apple pie.

It's as basic as meat and potatoes.

It's as sweet as candy.

It's as common as barbequed steaks, peanut butter and jelly sandwiches, or salt and pepper.

What is it?

"It" is the typical American diet.

Is the American diet a "bad" diet? Some evidence indicates that too much of some components of the American diet are linked to certain ills — sodium to high blood pressure, sugar to cavities, fats to heart disease and cancers.

While many still-healthy Americans eat the typical American diet, others are changing their eating habits. The reasons for diet changes are numerous.

Some are changing their diets for health and nutritional reasons, others for economic reasons, and a few for political or social reasons.

Whatever the motivation, alternatives to the American diet have emerged from obscurity to prominence. Uniformity has given way to diversity.

In 1970 Dr. William Connor, his wife Sonja, currently at the Oregon Health Sciences University; and other dietitians from the University of Iowa, developed what they called the Alternative Diet. The goal of the diet is to decrease consumption of foods which have proved to raise the blood cholesterol level. When the level is too high, cholesterol enters the arteries of the heart, causing atherosclerosis.

If the arteries that carry blood to the heart become plugged with cholesterol, coronary heart disease is the result. And about half the deaths in the country occur from heart disease.

The Alternative Diet encourages gradual changes. "People do not make abrupt changes in their dietary habits," Dr. Connor says. "It takes from two to 10 years or longer to make permanent changes in one's manner of eating."

In the first phase of the diet, avoid foods that are high in cholesterol and saturated fat. Generally, stay away from egg yolks, butterfat, lard and organ meat. Use soft margarine instead of butter; vegetable oils and soft shortening instead of lard; skim milk instead of whole milk. And cut down on your use of table salt.

In the second phase of the diet, cut down on the amount of meat you eat. Humans have always eaten meat. But they haven't always eaten it every day, and certainly not two or three times a day. Make a gradual transition from consuming meat two to three times a day to no more than once a day. Consume less fat and cheese and fewer products containing large amounts of salt.

In the final phase, the Alternative Diet calls for meat, fish and poultry to be used as condiments rather than as main dishes. The total — with emphasis on fish and poultry — should average no more than three to four ounces a day.

At The Oregon Health Sciences University the Alternative Diet is currently being used in research projects and with patients.

The Family Heart Study is a research project now entering its fifth year under the direction of Dr. Connor, Dr. Joseph Matarazzo and Sonja Connor. The study involves 233 families in Portland's Hollywood district who volunteered to change their eating habits toward the Alternative Deit. "Our goal is to teach groups of families how to modify their traditional eating habits to help lower the blood fats and, hence, lower the major risk factor for coronary heart disease", Dr. Connor says. Cholesterol and other blood fat levels are being measured along with the participants' health and behavior habits to evaluate the effectiveness of the project. "The study will be completed in three more years, so right now we're in the middle," said Dr. Connor.

On Wednesday and Friday mornings, The OHSU Outpatient Clinic offers the Lipid/Nutrition Clinic which is staffed by Dr. Connor, Dr. D. Roger Illingworth, and a team of nurses, dietitians, and medical psychologists. This clinic provides individualized treatment for patients with hyperlipidemia (elevated blood cholesterol and/or triglycerides), nutritional problems, and disorders of cholesterol metabolism (both acquired and hereditary). Special biochemical procedures are carried out to make possible an accurate diagnosis of the many types of hyperlipidemia.

The treatment program in the Lipid Clinic has several objectives. The first is to provide knowledge relating to hyperlipidemia (elevated cholesterol and triglyceride and decreased high density lipoprotein levels — measures of fats in the blood), and heart disease in general. The second goal is to help people develop the skills necessary for dietary and other lifestyle changes (stop smoking, increase exercise, etc.).

In patients with hyperlipidemia, the most current diet and drug therapies are used in an area of medical science which is rapidly changing. The clinic staff provides counseling to ease the transition to the low fat, low salt, high fiber Alternative Diet. It emphasizes gradual dietary change for the entire family, supplemented with informa-

(continued on page 4)

Dr. William Connor and his wife, Sonja, believe the way to a healthy heart is through the stomach.

Put your heart into exercising, University cardiologist advises

"One of the causes of coronary heart disease quite possibly is a sedentary lifestyle," says exercise advocate Dr. Linn Goldberg, here teaching proper weightlifting techniques.

About a million years ago — give or take a hundred thousand — someone with no small amount of authority decided the bodies that would be lived in by our ancestors and their descendents would work better if they were active — running up trees in search of mangos or racing chariots or building log cabins.

Nobody said running up phone bills in search of this week's sale of the century was going to do the trick. Nobody said anything about typing or talking to computers or brisk workouts with Pac-Man.

But times change. Memos that took months and muscles to chisel (not to mention copy) a million years ago now can be whipped out at the touch of a button. Yet some of us sweat at the mere prospect of such vigorous activity.

It should come as no surprise, then, that these bodies, and some of their contents, aren't as healthy as they used to be; that, for instance, 1.5 million of the American models have hearts that will stop working for at least a while this year.

The easier life is on us, the harder it may be on our hearts. That is the belief of Dr. Linn Goldberg, assistant professor of medicine in the Oregon Health Sciences University School of Medicine. "In the last 60 or 70 years, we've taken this body, that has been hard working for so long, and placed it in a sedentary environment, one in which sitting at a desk is called work," Dr. Goldberg says. "Our bodies may be maladapting to this kind of life. One of the causes of coronary heart disease quite possibly is a sedentary lifestyle."

> Almost everyone can exercise, whether it is as a preventive measure, for rehabilitation or just for fun.

If that is the case, reverting back to some of the habits of old, i.e., exercising these bodies, just might help. If we can, as Dr. Goldberg says, "reduce the temptation to be sedentary," we might also reduce the possibility of our becoming among the million-and-a-half Americans who suffer from heart attacks each year or the additional half million who have strokes.

In one recently-completed study, Dr. Goldberg found that lifting weights resulted in decreased risk factors for coronary heart disease in his subjects. Besides improved muscle strength and endurance and the accompanying psychological benefits, the exercise decreased blood fats and improved the performance of the heart. It also reduced anxiety levels and helped control weight. In the women subjects, blood pressure also was lowered.

Almost everyone can exercise, whether it is as a preventive measure, for rehabilitation or just for fun. "Not everyone can lift weights or jog or swim," Dr. Goldberg says, "but most people can do some type of exercise."

The key is tailoring the exercise to the individual. "You have to remember that exercise is just like medicine — too much can be injurious," Dr. Goldberg says.

Gradually we are showing signs of getting back to our move active ways. Perhaps not coincidentally there has also been a reduction in the incidence of coronary heart disease. Says Dr. Goldberg: "This may in part be related to better dietary habits, blood pressure control and the return by some to that primitive activity called exercise."

For information about an exercise prescription to fit your needs, call Dr. Goldberg at 225-7521.

Appointments

Patients wishing to take advantage of the services offered by University Hospital can arrange for appointments directly to the following clinics by calling the central appointment number, 225-8505, or by calling directly to the following clinics 8:30 a.m. and 4 p.m. M-F:

NO REFERRAL NEEDED

Allergy and Immunology, 225-8505
Dental, 225-8635
Dermatology, 225-8600
Diabetic, 225-7360
Ears, Nose and Throat, 225-8505
Family Practice, 225-8573
Gynecology, 225-8984
Medicine, 225-8562
Obstetrics, 225-8984
Ophthalmology, 225-7830
Orthopedics, 225-8633
Plastic Surgery, 225-8564
Psychiatry, 225-8617
Pediatrics, 225-8500
Psychology, 225-8617
Rheumatology, 225-8637
Surgery, 225-8505
Tumor, 225-8514
Urology, 225-8637

PHYSICIAN-REFERRAL ONLY

Cardiology, 225-8750
Hypertension, 225-8490
Lipid/Nutrition, 225-8005.

THE OREGON HEALTH SCIENCES UNIVERSITY NEWS

Focus on University Hospital

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Managing Editor/Photographer

Marlys Levin, Publications Officer

Rehabilitation program gets cardiac patients back on feet

Dick Koopman is up and around again. He's taking long walks in the evenings after work, exercising in his Portland home, performing many of the tasks that were just part of the daily routine before his heart attack.

They're not so routine these days. It wasn't long ago Koopman could spend no more than 30 minutes working on a jig-saw puzzle. Now he's walking three miles a night. Sometimes he gets bored. "But it's becoming more enjoyable," he says. And he always gets tired. But, as he says, "Most people who walk three miles get tired."

That Koopman is up and around again is the important thing. He has gone a long way down the road to rehabilitating the heart that failed him temporarily.

Koopman was at a meeting when he felt the pains that signaled a heart attack. He was taken to University Hospital where he was treated with streptokinase, a drug that dissolved the blood clot in a major artery that was blocking the flow of oxygen to a large portion of his heart-wall muscle.

Now Koopman felt better, but he had a lot of work to do to get his heart back into shape. And it wasn't long before he was doing it. Koopman was still in the Coronary Care Unit when he was first introduced to University Hospital's Cardiac Rehabilitation Program. "I was still hooked up to the machines," he says, laughing.

By the time he had reached his room on the Cardiology Unit (8C), Koopman had been put on an exercise routine taken from a program established at University Hospital and customized to fit his individual needs. He was sent to an occupational therapy class, he worked with physical therapists and he worked with the nurses, from those in the Coronary Care Unit to those on the Cardiology Unit to Karen Griffith, R.N., coordinator of the Cardiac Rehabilitation Program.

Learning to take her own pulse is just part of what Margaret Kaley, Lakeview, will learn in the Cardiac Rehabilitation Program supervised by Karen Griffith (right).

He learned what it was that made his heart unhealthy and he learned what it would take to make him well again.

"Teaching is an important part of the program," Ms. Griffith says. "We want to let the patients know what happened and why it happened and how they can modify their lifestyles to, hopefully, prevent it from happening again."

The nurses involved in the program review the anatomy and physiology of the normal heart with patients, they discuss coronary disease and risk factors, in general and specifically as they pertain to each patient.

"The nurses kept coming back and maintaining a close, personal touch," Dick says. "Every step of the program was explained in detail."

When Koopman left University Hospital he took with him a program to follow at home. "We send the patients home with week-by-week schedules of activities that serve as guidelines to get them back into normal activities," Ms. Griffith says. "That's helpful in getting them back on track."

Ms. Griffith follows up with her patients at home to see how they are progressing in their programs and to answer questions they might have. Because as much as people like Dick Koopman need the support of physical exercise after a heart attack, they need the moral support. And the Cardiac Rehabilitation Program is providing both.

"I feel extremely fortunate that this service was here and that I was the recipient of it," Koopman says. "I don't recommend having a heart attack but, having had one, I now realize the best thing that happened to me was coming here."

The silent disease

University Hospital's hypertension clinic focuses on teaching, treating people with high blood pressure

Helen VanLandingham is 71, but looks 10 years younger, and has been very active all her life. She has also had high blood pressure, or hypertension, as it's commonly called, for more than a decade. She must take medication three times a day, every day, to keep it under control.

> Hypertension, termed the 'silent disease' because of its lack of visible symptoms, can lead to heart disease, kidney damage and stroke, if untreated.

Five years ago, when she had her blood pressure checked at a booth in a department store, "They told me my blood pressure was high and that I had to see a doctor," Mrs. VanLandingham said. "But I didn't have a doctor." That brought her to the Hypertension Clinic at University Hospital.

There, potential patients are screened by Evelyn Greenbaum, hypertension clinic coordinator, through a series of questions such as: "Do you know your blood pressure? Do you have a family history of hypertension?"

Screened patients then receive an evaluation by staff residents consisting of a complete medical history and a physical examination.

After the initial evaluation, patients are monitored for signs of blood pressure stabilization. Once a patient's blood pressure is brought down and under control, the patient is ready for follow-up care conducted by a nurse practitioner.

Mrs. VanLandingham has been through a sequence of different medications in order to find the most compatible one. "I had two fainting spells because of my blood pressure pills," she said. "So now I drink a glass of orange juice and eat a banana every day and I'm taking a new medication which has brought my pressure down."

"The follow-up is an individualized program adjusted according to the patient's needs," explained Margaret McMahon, one of the clinic's four nurse practitioners. "Our main emphasis is on patient education, including diet counseling and relaxation techniques," said McMahon. She and Debbie Mayfield-Hefty spend most of their time seeing follow-up cases, while Sally Morton and Mary Forehand work primarily on hypertension drug research.

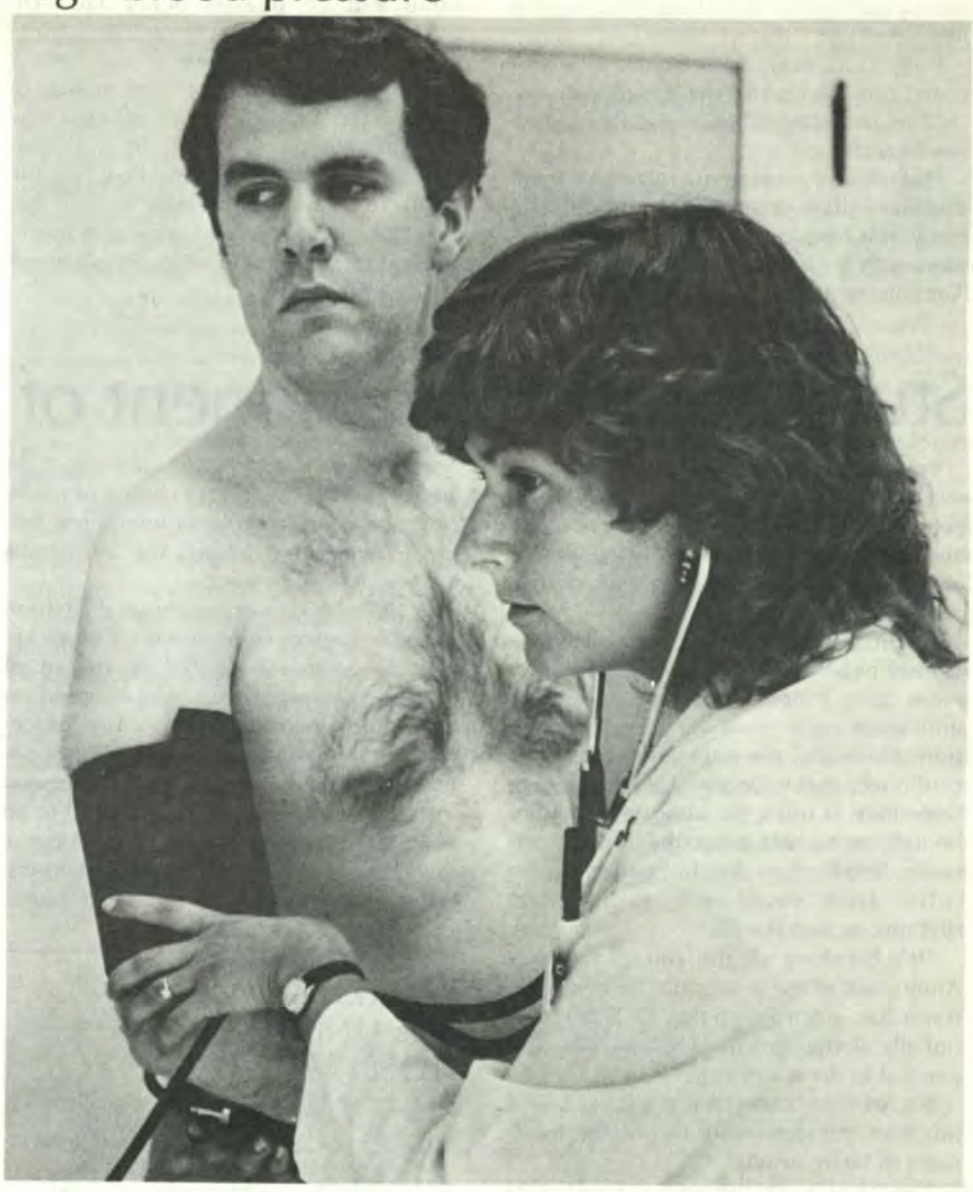
"Having the nurse practitioners on staff is an ideal situation from my view," said Dr. David McCarron, head of the Hypertension Clinic. "We needed to provide good longitudinal care, and it wasn't practical for us to hire two or three faculty, so we hired skilled nurse practitioners.

Hypertension, termed the "silent disease" because of its lack of visible symptoms, can lead to heart disease, kidney damage and stroke, if untreated. "Most people really don't know they have hypertension," said Dr. Robert Palmer, who works closely with Dr. McCarron in the clinic.

Is there a typical hypertensive patient? "A typical patient's profile reveals a person who is overweight, in the 45 to 65 age range, has a history of smoking, either currently or in the past, may have a family history of hypertension and diabetes, and generally leads a less active lifestyle," said Dr. Palmer. "More men than women have hypertension, but in our clinic, the women are most likely to seek help."

Dr. McCarron, who sparked the evolution of the clinic five years ago from a limited research program into a separate clinic for people who have hypertension as their primary medical problem, cited some advantages in having a specific clinic for hypertension.

"You can organize treatment in a more efficient fashion if you aren't distracted by the patient's other medical problems," he said. "Although we do respond to a patient's other problems, our primary focus is on managing hypertension. The research side of the clinic enables us to keep on top of current or anticipated changes, making our treatments that much more effective.

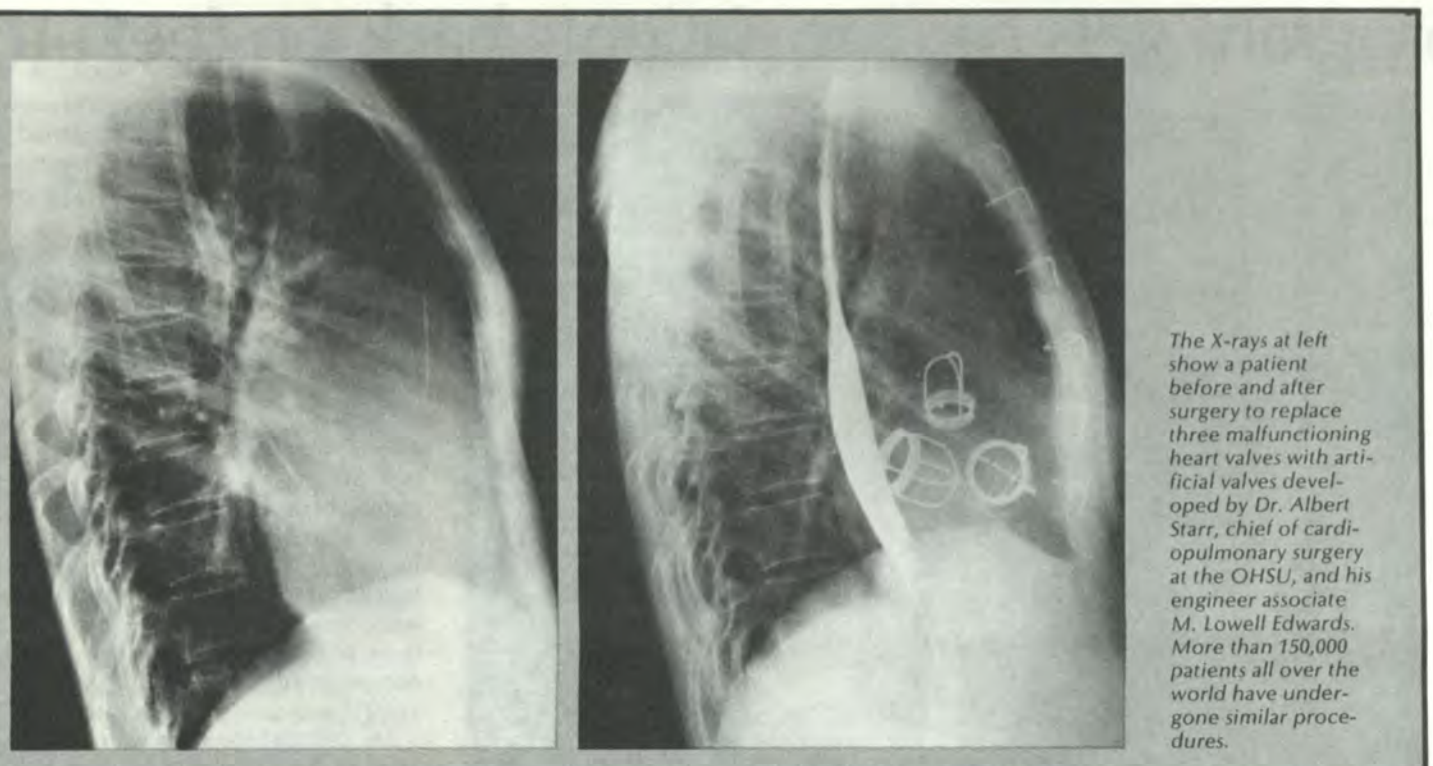


Mary Forehand (with Tim Marsh of Salem) is one of four nurse practitioners who help patients in the Hypertension Clinic.

"Hypertension is such a common disease, the statistics justify having your own clinic," Dr. McCarron added.

Mrs. VanLandingham can attest to the success of a separate Hypertension Clinic. "They've treated me beautifully," she said. "I just love them all."

For more information about the Hypertension Clinic call 225-8490.



The X-rays at left show a patient before and after surgery to replace three malfunctioning heart valves with artificial valves developed by Dr. Albert Starr, chief of cardiopulmonary surgery at the OHSU, and his engineer associate M. Lowell Edwards. More than 150,000 patients all over the world have undergone similar procedures.

A possible alternative to valve surgery

Hundreds of Oregonians suffer from aortic insufficiency, a disease of the aortic valve that can eventually lead to heart failure.

The primary treatment in the past has been valve replacement surgery, a well-accepted procedure but one that carries a risk that may be delayed or avoided if a new drug therapy in use at University Hospital proves successful.

The aorta, the major artery of the body, transports freshly oxygenated blood away from the heart after it is pumped out by the left ventricle. If the aortic valve is defective, blood can leak back into the left ventricle.

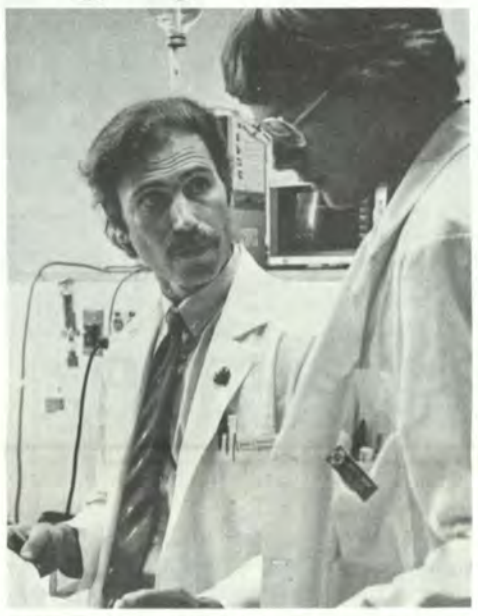
Symptoms may not occur for many years, but eventually the condition may lead to an enlarged heart and to congestive heart failure.

Hydralazine is used to relax the small muscle-walled arteries throughout the body. It is frequently administered to persons with high blood pressure. Dr. Barry Greenberg, director of the Coronary Care Unit at University Hospital, has received a grant from the National Heart, Lung and Blood Institute to test hydralazine on persons with aortic insufficiency.

Over a four-year period, Dr. Greenberg and collaborators at the Veteran's Administration Medical Center in San Francisco will study 78 patients to determine whether hydralazine will alter the natural course of aortic insufficiency, which may be congenital or result from damage to the aortic valve by disease or infection.

"My expectation, based on treating a number of patients already, is that hydralazine will be proved beneficial," Dr. Greenberg said. "What we will look for in our patients over the next several years is whether the drug reduces the amount of blood leaking back into the left ventricle. If that happens, pressures in the heart should be reduced and the heart should return to a more normal size."

Persons interested in taking part in this study should contact Diedre Siemienczuk at 225-8750.



Dr. Barry Greenberg
Director of University Hospital's Coronary Care Unit

Study improving treatment of arrhythmias

You could have sold John McAnulty, the medical student, volcano insurance before you sold him on the notion that one day he would be intentionally causing abnormal heart rhythms to help treat his cardiac patients.

Treating people with potentially dangerous heart irregularities by recreating those same irregularities was unheard of until some eight years ago. But today Dr. John McAnulty, the associate professor of cardiology at the Oregon Health Sciences University, is using the abnormal rhythms he induces to help prescribe, more accurately, medication for his patients who suffer from excessively rapid heart rhythms, or tachycardia.

"It's breaking all the rules," Dr. McAnulty said of the procedure known as intracardiac electrophysiology. "It is intentionally doing exactly what people told you not to do as a doctor."

But, in many cases, it is working, taking much of the guesswork out of the treatment of tachycardia.

Abnormal heart rhythms can be dangerous and difficult to treat. The problem stems from the fact that they seldom occur in the doctor's office or hospital. That means the physician must evaluate the situation solely on the patient's recollection of what happened.

The generally-accepted medical procedure is to prescribe a standard antiarrhythmic medication and send the patient home. If the doctor's intiution was right and he made the correct choice of medicine, the heart irregularity would not recur. If he guessed wrong, the arrhythmia danger was still present.

In 1974 the University Hospital Division of Cardiology decided to take a more aggressive approach to the treatment of these heart irregularities and adopted intracardiac electrophysiology. The procedure begins when a pacing wire is threaded through a patient's blood vessel and into the heart. The wire is attached to an electrical stimulation box that creates a range of impulses of varying rhythms. When a particular timing of these impulses recreates the patient's heart arrhythmia, the impulse is turned off, a drug is given and the stimulating impulse tried again.

If, after the drug is administered, the impulse does not re-trigger the arrhythmic activity, there is presumptive evidence that the drug may prevent future occurrence of the arrhythmia.

At University Hospital the procedure has allowed the selection of treatment regimens that can reduce the mortality rate of patients with the dangerous heart rhythms by as much as 50 percent.

Physicians with questions about electrophysiology may contact Dr. McAnulty at 225-8581.

Drug may reduce muscle damage

The lasting effects of a heart attack may be reduced dramatically if a drug now being used in University Hospital proves to be as effective as early results suggest.

The drug, streptokinase, is being used to dissolve arterial clots that block the flow of oxygen to the heart, causing permanent damage to the heart muscle. The extent of the damage to the heart muscle, to a large degree, determines the extent of recovery from a heart attack.

If streptokinase can be injected in time, damage to heart muscle can be reduced significantly or avoided entirely.

If streptokinase, which has been used for several years to break up clots in lungs, can be injected in time, damage to heart muscle can be reduced significantly or avoided entirely. The key phrase, however, is "in time," according to Dr. George Pantely, assistant professor of cardiology in the Oregon Health Sciences University School of Medicine. Heart muscle can be deprived of oxygen for only about six hours before it dies or is severely damaged. And it is seldom that a physician will see a heart attack victim in that short amount of time.

"We have to do some educating," Dr. Pantely said. "The most common reaction when a person is having a heart attack is denial — 'I can't be having a heart attack. I'll just lie down and it will go away.' It's usually after many hours that the heart attack doesn't go away that they finally come to the hospital. Then it's too late for streptokinase. People need to recognize their symptoms and get to the hospital earlier."

Those who are able to take advantage of streptokinase can be encouraged by the results of the largest study done on the effects of the drug. Of 100 heart attack patients treated with streptokinase in a Houston hospital, only two died. The average hospital mortality rate of heart attack victims is about 15 to 20 percent.

Thus far in University Hospital, five patients have been treated with streptokinase. In four, the drug successfully dissolved the clots without any complications.

Physicians with questions about streptokinase can call the Division of Cardiology, 225-8750.

Alternative diet

(continued from page 2)

tion on unfamiliar foods and new recipes. *The Best from the Family Heart Kitchens,* produced by the Family Heart Study nutrition staff, is available at the MacKenzie Hall Bookstore.

For more information about these services call 225-8005.

FOCUS ON
THE UNIVERSITY
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NEWS

THE OREGON HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201

CE draws health professionals back to school

School is never out for the health professional — it can't be. Because even as old as health care is, it gets newer every day with each advancement in technique or technology.

Even with up to four years of professional school plus post-graduate training behind them, dentists, nurses and physicians must keep abreast of new developments in their fields or they will not be providing their patients with the best, most up-to-date care possible.

Continuing education programs offer some of the best opportunities for health care professionals to remain on top of the most recent advances in their fields. The Oregon Health Sciences University offers a wide variety of continuing education programs throughout the year in dentistry, medicine and nursing.

The following is an overview of continuing education offered by the OHSU:

School of Dentistry

The Continuing Dental Education program at the OHSU is one of the oldest and most active in the nation, according to its director, Darwin Reveal. CDE courses were first introduced into the dental school catalogue in 1956, but long before that the school was offering year-long courses that evolved into what are presently the popular study clubs.

There are presently 33 study clubs that meet monthly at the School of Dentistry's Continuing Education Center. Completed in 1978, the center was financed by alumni contributions and allows the dental school to hold all of its clinical continuing education programs on campus.

The study clubs offer courses ranging from basic dental review to implantology, according to Reveal.

Also available through CDE are seminars that run from one-half day to five days. The seminars are offered at several locations around the state as well as in outlying states "where there is a significant number of our alumni," Reveal said.

The School of Dentistry has in the past offered CDE courses in Honolulu, Boise, Sun Valley, San Francisco, Los Angeles and Salt Lake City. "We consider ourselves a regional resource, not just a state resource," Reveal said.

This summer a five-day course in intravenous sedation drew participants from 10 states and Canada.

Scheduled for Sept. 27 was a program on the physiology and pathophysiology of occlusion led by Dr. Hans Graf of Switzerland. On Jan. 14, a program on periodonture will feature Dr. Kenneth Keyes of Maryland who is involved in research that indicates many periodontal diseases can be treated non-surgically. The following week Donald Behrand, from Melbourne, Australia, will lecture on the aesthetics of crown and bridge.

In planning his schedule of continuing education events for the upcoming year, Reveal referred to a survey taken last year asking all the schools offering continuing education courses to identify the outstanding speakers in 15 areas specified by the Academy of General Dentistry.

"We should have outstanding speakers in almost all those areas presenting material in our School of Dentistry over the next 18 months," Reveal said.

To find out more about Continuing Dental Education programs, call 225-8857 or 225-8859.

School of Medicine

The School of Medicine sponsors or cosponsors some 85 continuing medical education courses each year, about 40 of which are circuit courses offered as a cooperative endeavor with the Oregon Medical Association at various sites around the state.

Circuit courses are continuing education courses offered in outlying areas around the state, such as Klamath Falls, Ontario, and Astoria. The courses are led by OHSU faculty and have been held for the past 14 years, according to Dr. J.S. Reinschmidt, head of the Division of Continuing Medical Education. They are offered throughout the year, beginning in October.

A pilot telephone conference program has been initiated to extend continuing medical education opportunities to smaller communities not served by the circuit courses.

Other activities include individually-designed, mini-sabbatical programs for practitioners, pilot cooperative programs to assist hospital staffs in developing coordinated CME activities, and consultations to education coordinators and committees in hospitals and organizations in the state.

An advisory committee composed of faculty members and practicing physicians assists in the definition of goals and objectives and the review of program issues and emphasis, Dr. Reinschmidt said. "Their input and advice is invaluable and provides a dimension not commonly found in CME programs," Dr. Reinschmidt said.

There is a variety of symposia and workshops held on campus and at various off-campus locations covering a broad range of topics such as dermatopathology, soft tissue surgery techniques, difficult problems in surgery, rheumatology and orthopedics.

In planning courses, Dr. Reinschmidt said consideration is given to new developments, responses to surveys and evaluations and identified problem areas.

Among the courses scheduled for fall in Portland are "New Concepts in Diagnostic Radiology for the Non-Radiologist," Oct. 15; "The Sixth Annual Review of Obstetrics and Gynecology," Oct. 21-23; and "Recent Advances in Cardiology," Oct. 29-31.

For more information about continuing medical education courses call 225-8700. Oregon residents outside the Portland area can call toll-free 1-800-452-1048.

School of Nursing

The Division of Continuing Nursing Education has come a long way in the one year since it was turned over to its first full-time director, Maureen Whitman.

The most recent addition to the program, the Continuing Education Pathway, began in September and is giving registered nurses in six cities throughout Oregon and southern Washington the chance to take baccalaureate-level courses.

The courses are offered in Oregon City, Eugene, Albany, La Grande and Longview, Wash., in addition to Portland.

After completing the 41 junior-level credit hours that will be offered, an RN may apply to the School of Nursing at the senior level on a space available basis.

> Continuing education programs offer some of the best opportunities for health care professionals to remain on top of the most recent advances in their fields.

The most popular venture thus far in CNE has been a program in critical care nursing that was offered in February. Nurses who completed that five-month course, which will be offered again beginning in October, could then be tested by the American Association of Critical Care Nurses and certified, upon passing the test, as critical care nurses.

In designing her programs, Ms. Whitman meets with groups of persons involved in continuing education and staff development, plus directors of nursing from around the state. She also consults with the Metro Consortium, a group of nursing staff directors in Portland-area hospitals.

"Most of the nurses in the state work for them," Ms. Whitman said. "So they're able to help me make some decisions about what is needed in the community."

Ms. Whitman has initiated one home study course in pharmacology and would like to see an expansion of that aspect of CNE. "No matter how many communities you get into," she said, "you're still going to miss nurses who are staying home with the kids or who live in some remote area or who work in a doctor's office and just can't get a day off to attend a workshop. Home study courses would be a way to take care of those nurses' needs. We're trying to find different ways to get continuing nursing education to different people."

In early September the School of Nursing hosted the Western Regional Job Corps Colloquim, a continuing education program that brought 60 persons from job corps centers in the West for classes on physical assessment and clinical management taught by nurse practitioners in the hospital clinics and on the faculty.

On Oct. 22 a course, "Families with Infants at Risk for Sudden Infant Death Syndrome: Nursing Management," will be offered through CNE, and a networking workshop will be held in December.

For more information on CNE courses this year, call 225-7791.

First reduced classes admitted to University for fall term

If there seems to be a few less faces on campus this fall, that's because there are.

Budget cuts have forced the reduction in size of the faculties of the schools of Dentistry, Medicine and Nursing. Maintaining student/faculty ratios at workable levels necessitated a reduction in the number of students accepted into the Oregon Health Sciences University.

And this fall's incoming classes are the first to feel the pinch.

Of the 182 applicants to the School of Dentistry, only 65 were admitted, down from 80 in previous years. The Dental Hygiene program accepted 24 of the 46 applicants. Last year 30 were accepted.

Nearly 750 prospective students applied for the 91 available spots in the School of Medicine's first-year class. Of those accepted, 90 are residents of Oregon. One student comes to the OHSU through the Western Interstate Commission for Higher Education.

More than one third of those students admitted (33) are women. "We see an increasing number of women applicants each year," said Dick Speight, director of admissions and registrar.

The School of Medicine admitted 24 more students last fall.

In the School of Medicine's graduate program, 16 students, 11 from out of state, were admitted.

The School of Medicine's Medical Technology Program admitted 20 of the 43 students who applied. Of that total, all but one are residents of Oregon and all but three are women.

The School of Nursing admitted 100 students onto the Portland campus and 20 onto the campus at Eastern Oregon State College in La Grande.

In previous years, the School of Nursing admitted some 55 more students into its program.

All but two of the new students are residents of Oregon.

There will be 31 new students in the School of Nursing graduate program, 22 of them Oregon residents.

Total enrollment in degree programs this fall will be approximately 1,500.

Hall, Condron named to animal care, payroll posts

Dr. Arthur S. Hall has been appointed director of the Department of Animal Care at the Oregon Health Sciences University.

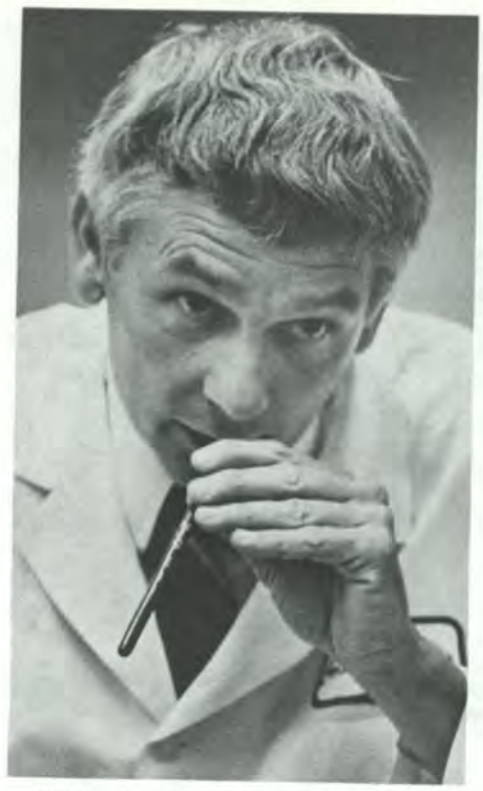
A former chairman of the division of animal science at the Oregon Primate Center for 13 years, Dr. Hall returns to Oregon after serving in South Carolina as director of Litton Bionetics' primate center for the past four years.

Dr. Hall specializes in clinical pathology, and is a member of the American Association for the Advancement of Science, the International Primatological Society, the American Association for Laboratory Animal Science and is a past president of the Portland Veterinary Medical Association. He is also an associate editor of the medical journal, *Laboratory Animal Science.*

In his new position, Dr. Hall oversees the administration and fiscal planning of the department, which conducts research on animals at OHSU.

Dr. Hall received his B.S. degree in agricultural economics from the Virginia Polytechnic Institute, a degree in veterinary medicine from the University of Georgia, and a master's degree in veterinary pathology from the University of Wisconsin.

Marilyn Condron is the new director of the Payroll Department at the Oregon Health Sciences University.



Originally from Kansas, Mrs. Condron was assistant director of payroll at the University of Kansas Medical Center. She also worked in the payroll department at Harsh Investment Corporation in Portland before coming to the OHSU.

New to the OHSU are Art Hall, director of animal care, and Marilyn Condron, who will mind the safe as director of payroll.

"Mrs. Condron's experience with an institution similar to ours made her the best candidate for the job," said Peter Wollstein, assistant vice-president of budget and finance on the Hill.

In her new position, Mrs. Condron oversees an office of nine employees responsible for employee payroll and insurance accounts, and payment of some OHSU bills.

Newsmakers

Dr. Ken Berg, a 1957 graduate of the School of Dentistry, is the new president of the Oregon Dental Association. Dr. Berg is a general practitioner in north Portland.

Dr. James Metcalfe, professor of medicine in the School of Medicine, was named volunteer of the the year at the American Heart Association, Oregon Affiliate's annual meeting in June. Dr. Metcalfe, president of the Oregon Affiliate for the past year, has served as a volunteer for the American Heart Association for 21 years.

Dr. Mary Ann Curry, associate professor of family nursing, was elected to the six-member executive committee of the American Nurses Association's Division of Maternal and Child Health Practice. During her four-year term, Dr. Curry will represent more than 30,000 nurses who work in maternal or child nursing.

Patricia Smith received the award for outstanding scholastic achievement at the certification ceremony in August of the Medical Technology Program. **Randall Rust** was chosen by the medical technology teaching staff and his fellow students as the student in the graduating class who most exemplified a professional medical technologist.

Elected to fellowships in the American College of Cardiology were **Dr. Donald Bowman,** a 1957 graduate of the School of Medicine, and **Dr. Terry Tri,** a 1971 medical school graduate. Dr. Bowman is chairman of the Department of Medicine at Good Samaritan Hospital in Corvallis. Dr. Tri practices medicine with the Specialty Medical Clinic of San Diego and La Jolla, Calif.

The following faculty have been promoted and/or received tenure:

School of Dentistry

Dr. John F. Holt, promoted to professor of removable prosthodontics with tenure; Dr. James L. Hedtke, promoted to associate professor of pharmacology with tenure; Ms. Marjorie R. Empey, Department of Dental Hygiene, awarded tenure.

School of Medicine

Dr. Albert J. Browder, promoted to professor of pediatrics and CCD; Dr. Reid L. Norman, promoted to research professor of anatomy; Dr. Reid Connell, promoted to professor of anatomy; Dr. Virginia L. Weimar, promoted to professor of ophthalmology; Dr. Stephen A. Morse, promoted to professor of microbiology and immunology; Dr. Jon M. Hanifin, promoted to professor of dermatology; Dr. Hall Downes, promoted to professor of pharmacology; Dr. Naoki Yasuda, promoted to research associate professor of medicine; Dr. Alan F. Barker, promoted to associate professor of medicine; Dr. Marsha Wolfson, promoted to associate professor of medicine; Dr. Matthew C. Riddle, promoted to associate professor of medicine; Dr. Susan P. Bagby, promoted to associate professor of medicine; Dr. John A. Schriver, promoted to associate professor of emergency medicine; Dr. Nancy Kennaway, promoted to associate professor of medical genetics; Dr. John C. Crabbe, Jr., promoted to associate professor of medical psychology; Dr. Gerald Baur, promoted to associate professor of surgery; Dr. Edward Keenan, promoted to associate professor of surgery; Dr. Lawrence J. Wolff, promoted to associate professor of pediatrics; Dr. James F. Hare, promoted to associate professor of biochemistry; Dr. David Cutler, promoted to associate professor of psychiatry; Dr. Richard G. Weleber, promoted to associate professor of ophthalmology and medical genetics with tenure; Dr. Larry F. Rich, promoted to associate professor of ophthalmology; Dr. Earl Palmer, promoted to associate professor of ophthalmology; Dr. Arthur A. Vandenbark, promoted to associate professor of microbiology and immunology; Dr. Lesley M. Hallick, promoted to professor of microbiology and immunology; Dr. Jonathon Zonana, promoted to associate professor of medical genetics and CCD; Dr. Stephen Kessler, associate professor of pathology, awarded tenure; Dr. Robert Sack, associate professor of psychiatry, awarded tenure; Dr. John O. Branford, professor of anesthesiology, awarded tenure.

School of Nursing

Ruth Alexander, promoted to assistant professor; Dr. Sherry Boyd, promoted to associate professor in family nursing; Katherine Pfister-Minogue, promoted to assistant professor in adult health and illness nursing (Eastern Oregon State College); Dr. Charold Baer, professor in adult health and illness nursing, awarded tenure; Dr. Joanne Hall, professor in family nursing, awarded tenure; Dr. Caroline White, professor in community health care systems, awarded tenure.

OHSU's registrar offices united

For the first time in its history, the Oregon Health Sciences University's registrar and admissions functions will be carried out through one central system, with one staff and one operating budget.

Steps to consolidate the registrar/admissions functions were completed this summer. Before that time, two separate offices existed at the OHSU, one for the School of Dentistry, another for the Schools of Medicine and Nursing.

The unified office will be directed by Dick Speight who previously served as director of admissions and registrar in the Schools of Medicine and Nursing. Dana Wilhelm, previously acting registrar in the School of Dentistry, has been appointed associate registrar-director of admissions.

The consolidation was planned by Dr. Louis Terkla, dean of the School of Dentistry, and Dr. John Brookhart, retired acting vice president for academic affairs, along with Speight and Wilhelm. "This effort is the culmination of extensive and careful deliberation," said OHSU President Leonard Laster. "Dean Terkla has made a significant contribution to the University, building on the foundation developed by Dr. Brookhart, to increase both the effectiveness and efficiency of the registrar and admissions activities. Their efforts, as well as those of Mr. Speight and Ms. Wilhelm, in implementing the plans are to be most highly commended."

Chancellor Davis' address ushers 472 students out of OHSU

"Wherever you go, your university goes with you. Wherever you are at work, there is your university at work. Wherever you lead, your university is also leading."

With those words, Dr. William Davis, new chancellor of the Oregon State System of Higher Education, ushered 472 graduates out of the Oregon Health Sciences University and into the hospitals, clinics, nursing homes and private offices to pursue their careers as health care professionals.

Dr. Davis delivered his first public speech in Portland at the OHSU's 1982 commencement at Civic Auditorium in June. "Wherever you are house residents, or practicing physicians, nurses, dentists, dental hygienists, or medical professionals, you and this university will be judged by your performance, your ethics, your humanity," he told graduates. "Wherever you are judged, it is judged. The value of your degrees has been enriched by those who preceded you. What value is attached for future generations will rest in part on your records and the contributions you make to your respective professions. It is in your and our interest that you do well and excel. For as you do excel, you sustain that faith and confidence that is placed in you."

Commencement highlighted a week of events that centered around the presentation of student and faculty awards in the three professional schools comprising the OHSU.

Awards in the School of Dentistry were presented to the following students: *James C. Alder,* Block Drug Senior Essay Award, Chris Kelly Fixed Prosthetics Award, Academy of Operative Dentistry Award; *Robert D. Barrett,* Omicron Kappa Upsilon Award, T. Koppanyi Award in Pharmacology, American Academy of Oral Medicine Award; *Robert A. Bass,* Delta Sigma Delta Award; *Greg W. Brown,* Omicron Kappa Upsilon Award, C.V. Mosby Scholarship Book Award; *Alejandro R. Carrion,* American College of Stomatologic Surgeons Award, Dr. Ernest Hurley Humanitarian Award, American Association of Endodontics Award; *John G. Colasurdo,* American

(continued on page 7.)

Geriatrics textbook proves to be an aging experience

Dr. Christine Cassel should have known that editing a textbook on geriatrics was going to be an aging experience.

"The last time I worked on a book," said the assistant professor of medicine and public health at the Oregon Health Sciences University, "I told myself, 'This has ruined your life for the last three years and you're not starting another one for at least a year.' It wasn't six months before I was working on this one."

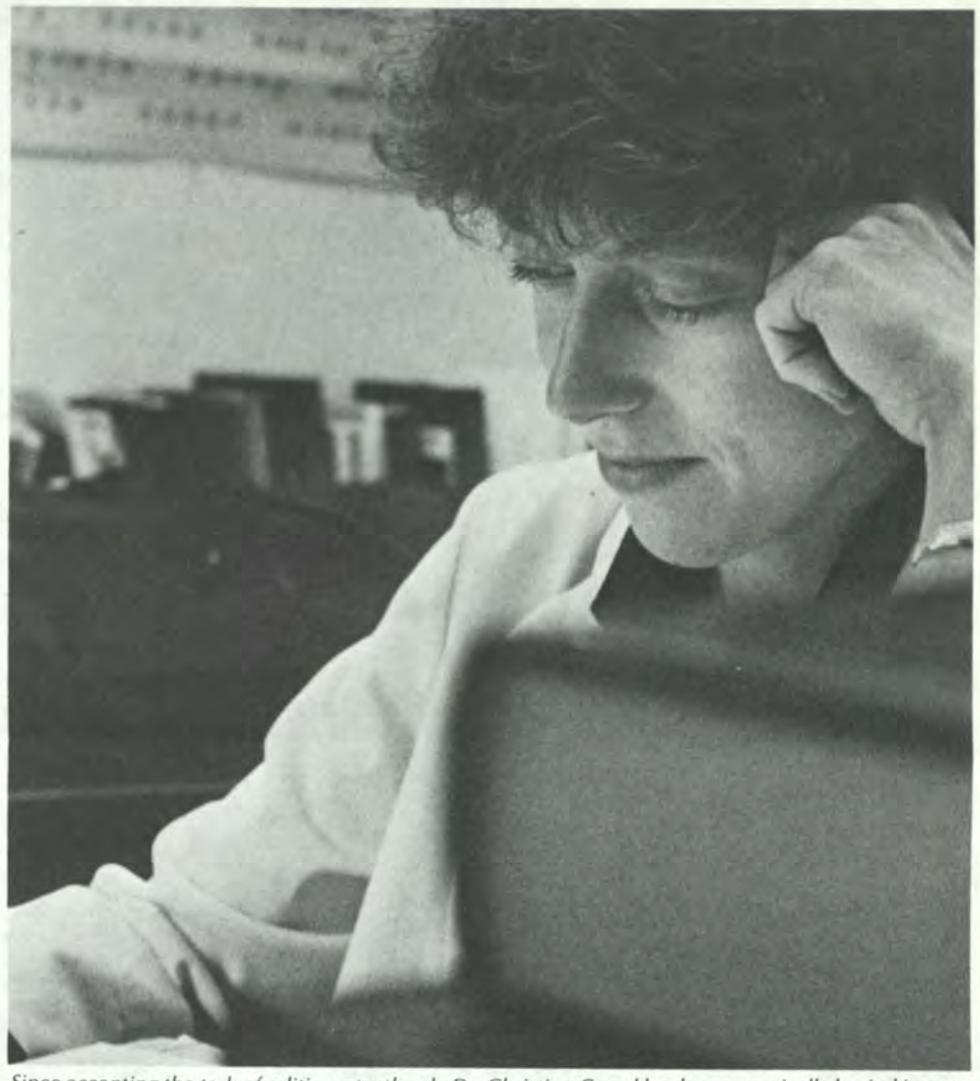
This book, however, has only ruined Dr. Cassel's life since last fall, back when she felt a few years younger and was first approached by the Springer/Verlag publishing house in New York with the idea of compiling a major comprehensive textbook in geriatric medicine.

Dr. Cassel enlisted the help of Dr. John Walsh, chief of the Division of Geriatrics in the School of Medicine's Department of Medicine, but the task still has been monumental. "Comprehensive" is exactly what the pair intends "Geriatric Medicine: Principles and Practice" to be. The book covers not only the medical aspects of geriatric care but also considers the implications of geriatrics in terms of social science, psychology and rehabilitative science as well as many other areas of concern.

"There really hasn't been a major book that has put the whole thing together," Dr. Cassel said.

When all the manuscripts have been gathered, Drs. Cassel and Walsh will have received contributions from 64 others, including themselves and many other physicians from the OHSU. The book is targeted at the level of a medical resident, Dr. Cassel said.

Dr. Cassel, who previously co-authored a medical ethics textbook, expects the manuscript to be completed by January and the book to be in print by late 1983.



Since accepting the task of editing a textbook, Dr. Christine Cassel has been practically buried in a sea of manuscripts.

Help us; let us know when you move

Did you know it costs the OHSU 25¢ for each address correction given by the post office? Multiplied many times by fast-moving alumni, employees, and faculty, our bills for postage due can run into several hundred dollars a year.

Help us avoid this expense. Send us your change of address as soon as you know you'll be moving. We'll save money, and you'll continue to receive *The OHSU News* without interruption.

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Davis' address highlights 1982 OHSU commencement

(continued from page 6.)

Society of Dentistry for Children Award; *Christina R. Gore*, Dental Assistant Teacher Award; *Daniel J. Hammond*, Omicron Kappa Upsilon Award, Pierre Fauchard Academy Award, C.V. Mosby Scholarship Book Award, American Dental Society of Anesthesiology Award, Academy of General Dentistry Award, Alpha Omega Scholarship Award; *Gary S. Hongo*, School of Dentistry Alumni Association Award, American Association of Orthodontists Award; *Thomas J. Hyde*, American Association of Oral and Maxillofacial Surgeons Award, Professor John Jarabak Memorial Award in Oral Surgery; *Marvin J. Johnson*, Bernadette Scully Memorial Award; *Larry Laurinat*, American Academy of Periodontology Award, Quintessence Award; *Jonna E. Patano*, Stephen P. Peglow Memorial Fund Award; *Michael M. Puddy*, Omicron Kappa Upsilon Award, C.V. Mosby Scholarship Book Award; *John E. Smith*, Omicron Kappa Upsilon Award; American Academy of Oral Pathology Award; *Kenneth W. Stewart*, Oregon Society of Periodontics Award; *Mark C. Tevis*, International College of Dentists Award; *John C. Wataha*, Omicron Kappa Upsilon Award, Dental Assistant Teacher Award, Alpha Omega Scholarship Award; Quintessence Award.

Happy winners at commencement were (clockwise from top) Jonna Patano (being congratulated by Dean Louis Terkla), School of Dentistry, Stephen P. Peglow Memorial Fund Award; Euthym Kontaxis, School of Medicine, Gold Headed Cane Award; and Joyce Sjoberg, School of Nursing, Dean's Award.

Awards in the Department of Dental Hygiene were presented to: *Mary Jo Joseph*, Dental Hygiene Department Award; *Christine M. Mitchell*, School of Dentistry Alumni Association Award; *Lisa C. Nitschelm*, Dr. Ernest A. Hurley Humanitarian Award, Dental Hygiene Department Award; *Patricia Stoner White*, Oregon Dental Hygienists' Association Award; Pharmacology Department Award.

Receiving honors at the School of Medicine Hooding Ceremony were 14 members of the graduating class. They were: *Euthym N. Kontaxis*, Gold Headed Cane Award, Vernon M. White Award; *Terry G. Brooks*, American Medical Women's Association Scholarship Achievement Citation Award; Merck Manual Award; *Laurie E. Christensen*, C.V. Mosby Scholarship Book Award; *Leslie Clautice*, American Medical Women's Association Scholarship Achievement Citation Award; *Linda S. Gabourel*, C.V. Mosby Scholarship Book Award; *Ronald T. Heintz*, Merck Manual Award; *Kristy R. Ingebo*, American Medical Women's Association Scholarship Achievement Citation Award; *Stephen W. Marshall*, Lange Medical Publications Award; *Fred E. Masarie, Jr.*, Lange Medical Publications Award; *Alar Mirka*, School of Medicine Basic Research Award; *Lynne H. Morrison*, American Medical Women's Association Scholarship Achievement Citation Award; *Constance L. Rosson*, American Medical Women's Association Scholarship Achievement Citation Award; *John T. Vetto*, C.V. Mosby Scholarship Book Award; *Patricia Winn*, American Medical Women's Association Scholarship Achievement Citation Award.

The School of Nursing presented awards to: *Nguyet Nu Thu Cao*, First State Bank Award; *Mary Anne McMurren*, Elnora Thomson Award; *Robin E. Meeuwsen*, Golden Lamp Award, Sigma Theta Tau Undergraduate Award; *Jocelyn E. Muller*, Jean E. Boyle Award; *Sister Patricia A. Naughton*, Henrietta Doltz Puhaty Award, Dorothy L. Johnson Memorial Award; *Joyce M. Sjoberg*, Dean's Award. In the School of Nursing's outreach program at Eastern Oregon State College in La Grande, awards went to: *Karen L. Magee Hasel*, Dean's Award; *Victorie Heart*, Transcultural Award; *Maureen O'Leary*, Rural Nursing Award. Receiving awards in the School of Nursing master's program were: Florentina G. Angeles, Transcultural Nursing Award; *Judith A. Gorsuch*, Sigma Theta Tau Graduate Award; *Deborah Burton Leiber*, Dean's Graduate Award.

Graduates of the three schools presented awards to outstanding faculty members. In the School of Dentistry, *Dr. LeGrand Woolley*, professor of oral pathology, was named Best Didactic Instructor. The Best Full-time Clinical Instructor Award was presented to *Dr. John Holt*, professor of removable prosthodontics; and *Dr. Carl Perkins*, assistant professor of operative dentistry, received the Best Part-time Clinical Instructor Award.

In the School of Medicine, *Dr. John McAnulty*, associate professor of medicine (cardiology) was awarded for the fifth year the J. David Bristow Award. The Allan J. Hill Teaching Award for full-time School of Medicine faculty members was given in basic science to *Dr. Robert Bacon*, professor emeritus of anatomy and a seven-time winner of the award, and in clinical science to *Dr. McAnulty*.

The David W.E. Baird Award, recognizing excellence in a junior faculty member, was presented to *Dr. Annie Terry*, assistant professor of pediatrics.

Dr. Peter Watson, assistant professor of obstetrics and gynecology, was presented with the Oliver M. Nisbet Teaching Award, given to an outstanding volunteer faculty member.

The Howard P. Lewis Award, given to a senior resident for outstanding teaching, went to *Dr. Michael Heisler*, a resident in primary care medicine. Recipients of the John S. Miller Award for interns or junior residents were *Drs. W. Ben Johnson*, resident in internal medicine; *Michael Krall*, resident in family practice; and *John Schousboe*, resident in primary care medicine.

The School of Nursing's Outstanding Faculty Awards were presented to *Marsha Heims*, assistant professor of family nursing; *Shirley Murphy*, associate professor of mental health nursing; and *Cheryl Allen*, research assistant in adult health and illness (Eastern Oregon State College).

Groundbreaking ceremonies and a dedication brought Oregon Senator Mark Hatfield (above) and Governor Vic Atiyeh to the OHSU in August. Senator Hatfield helped break ground for the new Veteran's Administration Hospital, a $130 million facility to be built on Marquam Hill. Governor Atiyeh spoke at the Cornerstone Laying Ceremony for the Shriner's Hospital for Crippled Children. The hospital, which will open this spring, will share a number of support services with University Hospital and will have a close interaction with the University's faculty and students.

School of Nursing studies effectiveness of curriculum

Are students in the School of Nursing actually learning what the faculty is trying to teach?

Is there a means of assessing student growth better than the traditional grading system?

Is the School of Nursing's curriculum a viable one?

Those are just a few of the questions that should be answered when a three-year study of the effectiveness of the School of Nursing curriculum is completed in February.

The study, supported by a $375,000 grant from the Bureau of Health Manpower, Division of Nursing, is aimed at designing a model to assist School of Nursing faculty in making gradual adjustments in their curricula when needed. Traditionally, according to the investigators in the study, nursing schools change their curricula only when crisis deems it necessary.

"In nursing schools," said Dr. Charold Baer, professor and chairperson of adult health and illness, "there is a history not only of curriculum change by crisis but continual curriculum change by crisis. We're proposing ongoing change. If we can truly develop a model of curriculum refinement rather than upheavel, it will be much more economical, not only for us but for other schools in which we hope to disseminate our model."

In evaluating the School of Nursing curriculum, Dr. Baer and co-investigators Dr. Barbara Gaines, associate professor in the School of Nursing, and Dr. Gaylord Thorne, research professor, Teaching Research Division, consulted not only faculty members, but students, both past and present.

"As was said, curricula tend to change either by crisis or edict," Dr. Gaines said. "If it's by edict, then it is the faculty that is doing the changing. Our model recognizes the student's role. We've found that kind of formulative feedback to be very useful."

The group surveyed School of Nursing graduates and received "some very favorable endorsements" of the school's offering, according to Dr. Thorne.

But that doesn't mean there is no room for change. "The most important question is whether the students are actually learning what we want them to," Dr. Thorne said. "We spent a year and a half taking a look at the entire curriculum to see how rational it was, to see whether the school's goals were clearly tied to classroom objectives. As a result, the school has modified some of its goals. In some cases, they were too ambitious.

"We also took a school-wide look at all of the courses at the theory level and that's also producing some changes in the curriculum."

It was the School of Nursing's commitment to improving its curriculum that brought Dr. Thorne to The Hill from the Teaching Research Division of the Chancellor's Office.

The School of Nursing's grant was an offshoot of a grant from the federal government to look at higher education in the entire Oregon state system.

"We began talking to people up here about measurement and assessment topics," Dr. Thorne said. "That's very important here because this school is turning out people with serious responsibilities. The degree of commitment and encouragement for the idea of this study was so great that we decided to write up a grant proposal just for the School of Nursing."

The group expects to complete the study by February. "I'm optimistic this school is going to continue to have a very solid curriculum," Dr. Thorne said.

Unique clinic serves small patients with big growth problems

"Face it, Jonah, your dreams are too big."

"Charlie, there's no dream too big. . . and no dreamer too small."

—From the movie "Under the Rainbow"

The difference between Charlie and Jonah is about a foot-and-a-half. They like the same foods, the same movies, the same sports. They have the same moods, the same heroes, the same dreams — different inseams.

The difference between little people like Jonah and normal-size people like Charlie is a unique variety of physical problems that has hindered their natural growth process. And those problems have for a long time puzzled many physicians.

Dr. Rodney Beals, head of the division of orthopedics and rehabilitation at the Oregon Health Sciences University, and his staff are helping to solve the puzzle. Every other week in the Child Development and Rehabilitation Center, Dr. Beals opens the doors of the Growth Clinic and welcomes 10 to 20 little people with problems that relate to growth of the skeleton.

For the last 15 years, the clinic has performed follow-up work with persons born with skeletal dysplasia. "Their skeletons simply grow in an abnormal fashion," Dr. Beals said. "Either it doesn't grow enough or some parts of it grow well while others don't. In some cases, the shape of the bone is abnormal."

Therein lies the problem of diagnosing dysplasias since, according to Dr. Beals, there are more than 100 types. And that number is still growing. "It's still a fairly primitive area of medicine," Dr. Beals said. "There are new diseases described each year."

Dr. Beals, Dr. Everett Lovrien, professor of pediatrics and medical genetics, and Dr. Stephen LaFranchi, associate professor of pediatrics, comprise the Growth Clinic staff. Together they see two major groups of patients — those who are of normal proportion but simply small and those who are small and have disproportion or deformity.

The most common bone dysplasia is achondroplasia, an inherited condition, afflicting one in 10,000 children at birth, in which certain bones stop growing. The result is a dwarf. Parents with achondroplasia have a 50 percent chance of passing on the problem to their children.

With that in mind, the Growth Clinic staff provides genetic counseling to its patients. "That's a very important part of what we do at the clinic," Dr. Beals said. "We want to make sure the patients and parents are well informed regarding the chance of future children being affected."

Part of the educational process is letting the parents know what to expect from their children. "We have growth and development charts that show what is normal development for a child with achondroplasia," Dr. Beals said. "If your baby has achondroplasia, it isn't going to walk as soon as a normal child would. If the parents don't know that, it's going to worry them. If you can tell the parent, 'This is when your baby is going to walk and this is how it's going to grow,' that's a big help."

Brian Marick, 9, of Mt. Hood-Parkdale, is one of the many patients followed by Dr. Rodney Beals in the Growth Clinic.

Some of the problems the staff of the Growth Clinic sees are associated with unequal growth of paired bones. Forearms and legs, for example, have two bones. In some instances, one bone will grow longer than the other, resulting in a deformed arm or leg. Dr. Beals has successfully lengthened the forearms of several patients who were diagnosed with such problems in the Growth Clinic. In other situations, growth can be stopped in one bone to allow the second bone to catch up.

"The most important function of the clinic is to make certain that the original diagnosis is correct," Dr. Beals said. "But we also provide treatment."

Operating the only clinic of its kind in Oregon, Dr. Beals said he and his staff have seen the "majority of the dwarfs in the state. In part, just to confirm the diagnosis," he said. "But these people also need to be followed. One of the primary reasons for diagnosis is to be able to follow the person's progression. That's important to our understanding of these problems. In some cases, we are initially unable to make a diagnosis, but with long-term follow-up the chances improve."

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