TxO Z UH325.6 H818 3/12 TEXAS STATE DOCUMENTS NON-CIRCULATING COLLECTION The University of Texas Health Science Center The at Houston OUTEXE Volume 3, Number 12 June 1, 19 19186 NONFORCHLATING LIBRARY

## Grant Taylor lecturer examines doctor-patient relationship

#### By David Moore

Medicine is at heart "a special personal relationship," according to Dr. Edmund Pellegrino, president of The Catholic University.

Pellegrino recently delivered the second annual Grant Taylor lecture at the Medical School.

"What's central to medicine," Pellegrino said, "the thing that gives it its character and its direction, is the fact that it enters a peculiar, unique and special kind of human relationship."

It is a healing relationship with a specific end, Pellegrino said.

"That end is to arrive together with the patient at a decision to take an action that is right and good for the patient."

It is that "right and good action," said Pellegrino, that is the ultimate goal of medicine.

"I think we are losing our way," Pellegrino said. "We are beginning to confuse medicine with all sorts of things and forgetting that it is at heart a personal relationship."

Houtexan

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Cover: Sportathon tug-of-war (Photo by Cathy Gubin)

Medicine is not, he believes, simply a contractual agreement between doctor and patient. A contract cannot be negotiated when one person (in this case the patient) is in a compromised position, he said.

Nor is medicine just applied biology, Pellegrino said. Biology is what medicine does best, he said, but defining it in just biological terms is, he believes, reductionistic.

"Our focus has to be in assisting patients to understand their situation, to understand what it is they're facing, enabling them to participate in the decision. That is the responsibility of every physician," he said.

"Therefore truth-telling and disclosure become moral imperatives," he added. "They're not choices. We can't withhold; we can't decide that it's in the best interest of the patient not to know."

Whereas the specialized knowledge of the physician is an essential

part of medicine, he said, it is "not sufficient to constitute medicine."

What does constitute medicine, he said, is the application of that knowledge for the good of an individual person.

"The heart of medicine, therefore, is a moral enterprise, scientifically based," he said.

Pellegrino will leave The Catholic University in July to become Georgetown University's first John Carroll University Professor of Medicine and Medical Humanities.

The Grant Taylor Lectureship was started last year by Dr. John P. McGovern to honor his long-time friend and associate. Taylor is emeritus professor of pediatrics at M.D. Anderson Hospital and emeritus director of the Health Science Center's Division of Continuing Education.

Taylor is 78 and still sees patients twice a week at a City of Houston Health Clinic.

### Regulations protect subjects

#### By Ina Fried

In 1981, the Department of Health and Human Services (HHS) funded 12,000 research projects; there were 11 complaints regarding human subjects; after investigation only four of these complaints were found valid.

"I'm not suggesting that we shouldn't be alert," said Dr. Charles McCarthy in citing these statistics, "but at the same time, there's not some kind of white coat crime wave."

McCarthy is director of the Office for Protection from Research Risks, which regulates research funded by HHS and involving human subjects. He was interviewed during a meeting on "The Ethical, Legal and Regulatory Dilemmas in Research with Human Subjects," co-sponsored by the Health Science Center and PRIM&R (Public Responsibility in Medicine and Research).

Under federal legislation, research

involving new drugs, devices, cosmetics and biological materials must be approved by the Food and Drug Administration. Research involving one of these areas and funded by HHS must meet regulations of both agencies.

"For the first time the agencies have worked it out so that the regulations are exactly the same," McCarthy said. "This reduces the workload substantially and is a major step forward" for researchers and Institutional Review Boards (IRBs).

All clinical research that does not fall under a limited number of exemptions must be approved by an IRB before an application can be submitted to HHS or the FDA. Like the HSC's Committee for the Protection of Human Subjects, these IRBs must include representatives of a variety of professional areas and the lay community. Dr. Samuel Dreizen is chairman of the HSC's committee; Paula Knudson is staff assistant.

## High schoolers teach younger kids about high blood pressure

By David Moore

The three Rs are getting some company.

Reading, writing and 'rithmetic, long-time staples in the academic diet of grade schoolers, are being joined by HA, hypertension awareness.

"This finally gets the information out to the people who need it most," said Diana Schreiner, director of the American Heart Association's (AHA) High Blood Pressure Awareness Program in Houston.

The program blitzed Spring Branch Independent School District grade schools first. Houston Independent School District is the next target.

The students are sixth graders. The teachers, slightly older.

"The high school kids seem to like teaching the sixth graders, and the sixth graders would much rather hear it from them than from us," said Schreiner, a faculty associate at the School of Public Health.

It works like this: two high school students, trained by members of the AHA's Houston Hypertension Awareness Task Force, enter the classroom for one class period.

The high schoolers go through a prepared lesson plan. They explain what blood pressure is and that hypertension, or *high* blood pressure, has nothing to do with being tense or anxious.

They note that one in four adult Americans has high blood pressure. And that it can lead to stroke, kidney failure or heart attack — leading causes of death in this country. They tell about the ways that, research indicates, people might avoid hypertension: by eating less salt, by exercising and by refraining from smoking.

Finally, they tell the sixth graders how to tell if they ever become hypertensive — by having their blood pressure checked regularly — and then give a demonstration of how that is done.

The high schoolers stress that, in most cases, the precise cause of high blood pressure isn't known.

"But everything we have points in the direction that there could be some benefit to adapting our lifestyles," said Dr. David Curb, chairman of the task force. "One way to do this is to go straight to the kids."

The AHA and Alpha Phi International fund the work, done almost entirely by volunteers, members of the task force.

Why sixth graders?

"Because the habits that can influence blood pressure are habits that start very early in life," Schreiner said.

"And sixth graders are young enough that their habits aren't as ingrained as an adult's," she said. "They're also old enough to understand both the significance of what's presented and the science involved," she said.

But the sixth graders are just a place to start, Schreiner said. The program had to be tailored to some particular age group, she noted. She doesn't think that should stop future development of the project, however.

"I think you could start out at the

beginning of elementary school if you had the right kind of program," she said. "I think you could hit the first grade."

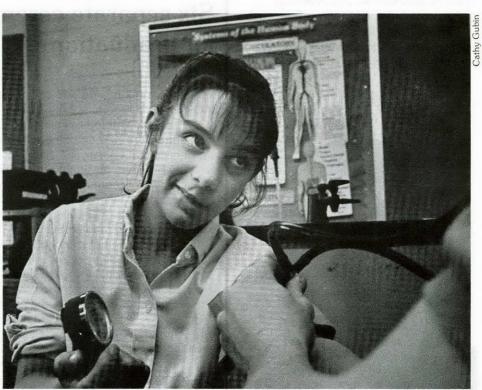
For now, however, she's happy to have hit more than 2,000 sixth graders already and hopes to double that next year.

"We hope it is a program that will eventually be taken on throughout the state," she said.

Although some of the grade schoolers seemed already to have known a thing or two about high blood pressure (several had parents with the disease), many did not. Before the lesson, that is.

"I learned a lot," said sixth grader Jim Grieshop. "I thought it was the blood flowing through your body too fast"

And he'll probably follow his "teachers'" recommendations, he said: "I don't want to get high blood pressure and die."



HIGH PRESSURE SITUATION — A sixth grader at Memorial Junior High School awaits the results of a blood pressure check during a presentation by high school students. Program coordinators hope to reach 4,000 Houston sixth graders next year.

## Regents approve Faillace, Howell in endowed positions

The Medical School has received an endowed chair in psychiatry.

Pat R. Rutherford Jr. has established the Pat R. Rutherford Jr. Chair in Psychiatry and Dr. Louis Faillace, chairman of the Department of Psychiatry and Behavioral Sciences, has been named to the chair.

Rutherford is chairman of the board of Rutherford Oil Company.

The UT System Board of Regents has approved the Rutherford chair as well as the appointment of Dr. R. Rodney Howell to the recently established David R. Park Professorship in Pediatrics.

The Park professorship honors the late Houston pediatrician. Mr. and Mrs. T. R. Reckling and their eight children established the professorship in memory of their physician.

Park, a native Houstonian, practiced medicine in Houston for almost 30 years. He died Sept. 31, 1981.

Howell, chairman of the Department of Pediatrics at the Medical School, has been at UT since 1972 when he assumed the chairmanship of the department.

Howell has a long record of research activities in pediatrics and genetics and is currently engaged in a

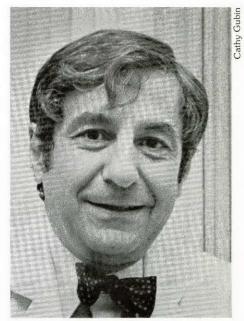
Dr. R. Rodney Howell

four-year study on the role of human milk in infant nutrition and health. He also serves on several national research and clinical advisory boards and is an examiner for the American Board of Pediatrics.

Faillace assumes the Rutherford chair after more than 10 years as chairman of the Department of Psychiatry and Behavioral Sciences here. Previously he held appointments at Johns Hopkins University. His areas of research interest include alcoholism and drug abuse.

An endowed professorship requires a contribution of at least \$100,000. An endowed chair requires an endowment of at least \$500,000.





Dr. Louis Faillace

## Six separate ceremonies planned for graduation

About 600 degrees and certificates will be awarded at six separate commencement ceremonies June 11 and 12.

The School of Public Health will hold the first graduation ceremony on Friday, June 11, at  $3\ p.m.$  in the school's auditorium. Dr. Joe B. Frantz, professor of history at UT-Austin, will speak, and about  $145\ degrees$  will be awarded.

Dr. Bill Ross, president of the Texas Medical Association, will speak at the Medical School ceremony on Saturday, June 12, at 9:30 a.m. in Jones Hall. Degrees will be awarded to 146 graduates.

Dr. Robert E. Marc, associate professor in the Sensory Sciences Center, will speak at the Graduate School of Biomedical Sciences ceremony at 10 a.m., June 12, in the School of Public Health Auditorium. Twenty-seven graduates will receive degrees and will help celebrate the school's 20th anniversary.

The School of Nursing will award degrees to 207 graduates at 10 a.m., June 12, in Cullen Auditorium on the University of Houston Central Campus. Dr. Teddy Langford, dean of the nursing school at Texas Tech, will speak.

Degrees will go to 198 graduates at the Dental Branch ceremony at 11 a.m., June 12, in Hamman Hall at Rice University. Dr. Norman Hackerman, president of Rice, will speak.

The School of Allied Health Sciences will award degrees and certificates to 59 graduates at 7 p.m., June 12, in Sammons Auditorium of the Jones Library Building. Dr. Roy S. Martin, director of employee counseling at M.D. Anderson Hospital, will speak.

## SAHS faculty member holds dual citizenship

By Kenna Giffin

The two worlds in Consuelo Vollmer's life often seem more than a hemisphere apart — and she feels like a foreigner in both of them.

Vollmer, a faculty associate in the Program in Biomedical Communications, School of Allied Health Sciences, was born and raised in Bogotá, Colombia, South America. Her father is American, her mother Colombian. That gives her and her two sisters dual citizenships. They have visited their grandparents in the United States several times, but only briefly. Only Consuelo has made the move north to her second country.

She was well-prepared in child-hood for the adventure she's living now. She and her sisters spoke Spanish at home until they learned it well, then their parents started teaching them English.

They attended American schools from kindergarten until they graduated from high school. Everything was in English, Vollmer said. Twelve of the students in her class had been together since nursery school. More than 60 percent of the students were Americans, and there were always new people coming in, bringing the newest ideas with them. The teachers were also from the United States.

It was hard living in two different worlds, she said. At home she was Colombian, and she learned to survive and get around in Bogotá, the largest city in Colombia. At school she learned American ways, but not enough to satisfy her curiosity.

So she came to Houston in June 1980 after earning degrees in science and veterinary medicine in Colombia. Although she likes riding horses and raising dogs, she found that in veterinary medicine, "I like the theory, not the patients."

On her way north, she spent two months in Mexico City and intended to stay there after visiting her grand-parents in McAllen, Texas. But Houston turned out to be a convenient place: she could live with friends of her parents for awhile until she decided what she wanted to do.



TWO DIFFERENT WORLDS — Consuelo Vollmer, faculty associate in the School of Allied Health Sciences, is a citizen of two countries: the Urited States and Colombia. Although equally at home in two languages and cultures, she sometimes feels like a foreigner in both worlds, she says.

She found out about the biomedical communications program almost by accident. At a party she met a career counselor who suggested she look into the program. She did, and liked the idea of having the chance to mix medical and science theory with education. She received her certificate a year ago, joined the program as a graduate assistant and has been promoted to faculty associate.

So she stayed in Boomtown.
"Houston really grows on you,"
she explained. "Everyone has a smile
for you — it's a small town in many

ways, with big city aspects. And you have opportunities to get into anything and everything you want to. I'd like to stay here at least another five years.

"My father is American, and I wanted to be with my grandparents and to try to understand what my father's world was like," she continued. "It's another culture, another way of thinking, a different sense of humor. Life rolls on different patterns" in Colombia and America, she found.

"Houston really grows on you. Everyone has a smile for you — it's a small town in many ways, with big city aspects."

Living alone was the hardest adjustment she had to make because she had always lived with her family or one of her sisters. But she likes the feeling of security she has in Houston.

"Bogotá is a very, very, very rough city," she said. "It has one of the highest theft rates in the world. I haven't met anyone in Colombia who hasn't been robbed at least once. A woman can't go out alone in a car after 6 p.m., and you don't stop at red lights at night. I learned to live with that. Instinctively I learned to take safety measures."

While she doesn't miss the crime, she does miss the coffee — which is very strong — and her friends.

She also misses her dogs and horses, which are back home on the Vollmer country place. She's down to two dogs there because "you can't really leave eight dogs with your family and say 'goodbye."

But there are things here that make up for the missing pets and friends, she said.

"I have a home, and friends. I've discovered sky-diving — something I always wanted to do. But I still have a lot to learn about America. In a lot of ways I was a foreigner in Colombia. Here I have a lot of Colombian ways. I was a foreigner there and am a foreigner here."

## 'Be clear about what you want,' speakers tell secretaries

#### By Kenna Giffin and Ina Fried

"We need roles to give structure and predictability to life," says psychotherapist Joan Brochstein, but sometimes people hold onto rules to the point that they become non-productive.

Brochstein was one of the speakers in a series of Brown Eags during National Secretaries' Week. She is assistant clinical professor of psychology at Baylor College of Medicine.

"In many ways for many people the roles we perform in our lives really add up to the whole ball of wax," Brochstein said. "Life gets categorized and compartmentalized, and you can lose the continuity of who you really are."

Roles — whether secretary, mother, bridge player, doctor or chocolate lover — give a sense of responsibility. People feel that if they don't live the role, others will reject them, she said.

"It's important to ask questions of yourself," she said, such as, "What am I doing in my life? What do I want to be doing in 10 years? What do I want to accomplish before I die?"

"Awareness is the key word," she emphasized. You can modify your roles, replace them or integrate them so you know who you are regardless of role.

In another of the Secretaries' Week Brown Bags, Kenwyn Hopper, a social psychotherapist, took an excerpt from assertiveness training courses to demonstrate "Persisting in the Office."

"You have just as much right to what you want as the other person does," she explained. "No more, and no less."

She explained the use of the "broken record" method of insisting — and often getting — what you want.

"The broken record method is being persistent and saying over and over again what you want without getting angry, irritated or loud," she said. "It's not easy," especially keeping the emotions out of the method.

For the method to be effective, the user must know what he or she wants; know the statement to be used repeatedly; not answer questions; ignore

"no"; ignore guilt-inducing statements; ignore side issues; and be able to say amicably but firmly, "I hear what you are saying AND I want . . ." or a similar statement.

Hopper emphasized the importance of linking an inclusion statement and the choice statement with "ands," rather than "buts." "Buts" negate the first statement, she said, while "ands" signify you recognize the other person's point — and you're still trying to get what you want.

"You have to outlast the other person's bag of no's," Hopper explained.

"You have to be clear about what you want," she said. "It doesn't always work, but at least you tried."

### EMPLOYIEE RELATIONS

### (From a report by Judy Booker and Donna Lavelle)

What should you do if your co-worker is injured or falls ill on the job? We've gathered the information below so that you may post it prominently in your office for ready reference if an emergency should occur.

#### On-the-job Injuries

For minor injuries incurred on the job, the supervisor should call the University Health Care Center (UHCC):

792-4773

For transportation of the minorly injured employee to the UHCC, call Security:  $\mathbf{792\text{-}2890}$ 

For major injuries, requiring immediate care, the supervisor should call Hermann Hospital Emergency Center:

797-4060

For an emergency ambulance, the supervisor should call:

222-3434

#### Illnesses While on the Job

First, try to get the name of the employee's personal physician. Call the physician and follow his or her directions as to your next step.

If the employee has no personal physician, you may direct him or her to one of the various emergency centers which treat sudden illnesses. Security at **792-2890** may be available to assist the ill employee with transportation to the TMC treatment center of his or her choice.

If the employee cannot communicate with you, call the emergency ambulance for transportation to the nearest emergency center.

222-3434

Try to supply the emergency center with the employee's insurance information and call your satellite office of Human Resources and Employee Relations so that the employee's family may be notified.

### To be secretary takes many things, but being female not among them

#### By David Moore

It is perhaps a feminist's fantasy. Francis Williams is male and a secretary. And his boss is a woman.

It just sort of happened, he says of how he became a secretary.

"I just happen to have picked up the skills along the way," he said. "I never intended to use them really, except as subsidiary things, and now they come in very handy.'

Williams is Dr. Merry Makela's administrative secretary at the School of Public Health.

Up until about six months ago Williams was the assistant director of a home for the mentally retarded. (He has his master's degree in special education.) But when he found his job running to 60 hours a week, leaving little time for other interests, he decided to move on to something else.

At the employment agency he took a typing test: 85 words per minute landed him where he is now.

After years of undergraduate and graduate school, term papers, essays, his thesis and later being his own secretary, he had just picked up the typing

"It's kind of nice to have just an eight-hour day now," he said, "and time to myself."

It gives him the opportunity to pursue his other interests, he said: writing poetry, science fiction (he's writing a novel), volunteer work, gardening and movies, "especially old fantasy and horror movies."

Apparently right at home behind his typewriter at his desk, Williams has also worked as an ambulance driver, an embalmer's assistant and an actor.

And although he's never had his own secretary, should he have one in the future, he thinks he'll know better how to treat him (or her).

"I think I would try to improve my handwriting," he said. "You spend a lot of time trying to decipher hieroglyphics.'



BALLOONING APPRECIATION is shown by Dr. Merry Makela to her secretary Francis Williams at the School of Public Health during Secretaries Week.

DEANS GET USED TO BEING NEEDLED, so Dean Alton Hodges of Allied Health appears only mildly apprehensive during the HSC Blood Drive Week in April. In the first HSC-wide drive, 384 units were given. Employee Relations, in cooperation with representatives from each HSC unit, organized the drive and plans to repeat it twice a year.



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The second annual Sportathon was held successfully April 17 at the Rice University Athletic Field. This year's sports day included the entire Texas Medical Center. Congratulations to the winners:

Five Mile Run for Women — Ages 18-29: Carol Sheffield (Time-35:24); Ages 30-39: Sally Vernon (Time-38:18); Ages 40-49: Traute Moye (Time-42:00); Ages 50-

59: Frances Moncure (Time-78:06).

Five Mile Run for Men — Ages 18-29: Martin Stewart (Time-29:25); Ages 30-39: James Darcy (Time-29:24); Ages 40-49: Peter Almond (Time-31:17); Ages 50-59: Arnold Lande (Time-40:19).

Mile Relay for Women — Winners were the TWU team of Loraine Gohr, Mary Neff, Mary Jo Basara and Susan Ostrander. Men's Mile Relay winners were from Baylor: James O'Keefe, Paul Flint, David Stark and Robert Walmsley.

Women's 440 Relay — Carol Sheffield, Teri Krause, Patricia Allen and Theresa Gibson of Methodist Hospital. Men's 440 Relay — the Baylor team of Jerry Novotny, Paul Flint, David Stark anc Robert Walmsley.

Women's 440 winner was J. Bryant; Men's 440 winner was Keith Kiser. Women's 100 winner was Loraine Gohr; Men's 100 winner was Jerry

Novotny.

Morning Obstacle Course winners

Morning Obstacle Course winners were from UT Science Park and included Rita Frerich, Dale Weiss, Gene Whitworth, Bill Schmidt, Connie Frerich and Harriet Hogue. Their time was 3:59.4.

Afternoon Obstacle Course winners were from TWU and included Mary Knab, Loraine Gohr, Mary Jo Basara, Carl Wenzel, Marty Gohr and Gary Giaccone. Their time was 3:45.9.

Women's Softball Throw — First: Sami Rohman, Second: Kathy Rich, Third: Belinda Parker. Men's Softball Throw — First: Robert Walmsley, Second: Mike Brumfield, Third: Dale Shaefer.

Morning Tug-of-War win – ners were from TWU: Sandra Hudson, Elizabeth Shea, Larry Lanier, Helen Cavender, Susan Ostrander, Edna Bradford, Lulu Carter, Nancy Angelo, Bill Lutz, Doug Ferguson and Mary Knab.

Afternoon Tug-of-War winners were from the Medical School: Mark McBath, Brian Desmond, Mike West, Mark Shinn, Charlie Sargent, Miles Gravier, Brant Victor, Steve Bridge and Charlie Headrick.

The winning **Bike Race** team was from Baylor and in — cluded Kel Yamada, Eric Barnhart, Gifford Lorenz, Jeff Segal, Jeff Marks, Dennis Raleigh, Paul Martin and Neil Veggeberg.

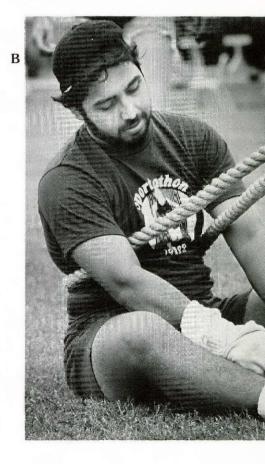
UT medical students who won Ultimate Frisbee were Brian Desmond. Mark McBath, Kyle Moore, William Priv tera. Brian Richardson, Charlie Sargent, Brant Victor, John Weaver and Chuck Mascio i.

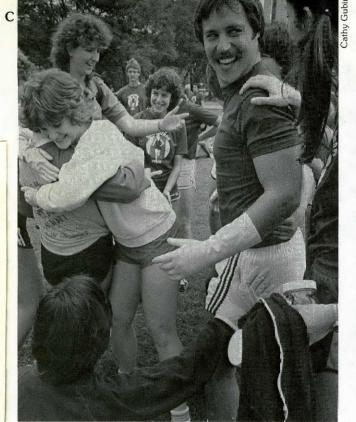
Morning Volleyball winners included Barbara O'Neill, Daniel O'Neill, Jeffrey Wasetis and Martin Hueber. Second place winners were from the Dental Branch and included Arthur Boss, Sharon Balzer. Michael Borchers, Dana Chudej, Jamie Harris and Patricia Holt.

Afternoon Volleyball winners were Daniel Hartmann, Pam Adrian, Fred Lopiano, Michele Pastorek, Becky Randelph, and Lance Templeton. Second place went to a Dental Branch team: John Calvert John Cazort, Nona Cope, Julie Garcia. Mark Merritt and Venecia Wayhar.

Winners of **\$25** gift certificates to Athletic Attic Stores were Marcia Williams, Michael Borchers, Bill Lutz and Jerry Novotny. Their names were chosen from a list of all Sportathon entrants.



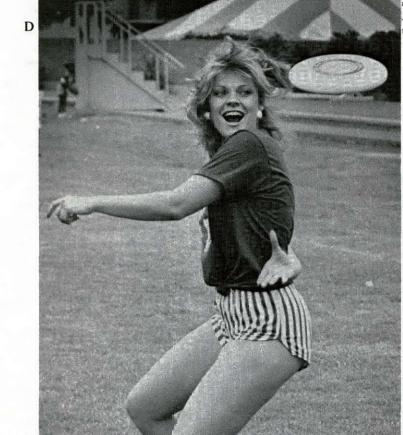








Cathy Gubin



- A EVERYONE'S FAVORITE EVENT, obstacle course, included a slide this year, causing ups and downs for each team.
- **B** "HCW DID I GET ROPED INTO THIS?" says a sug-of-war entrant who seems to be using his socks for gloves in the event.
- C DISHWASHING EVENT? Don't let the gloves fool you. They helped this group in the tug-of-war.
- D FANCY FOOTWORK was fun to watch during Ultimate Frisbee competition.
- E FAMILY FUN was the order of the day, though the competition was sometimes dog-eat-dog.

## Although amusing, 'House of God' has heart elsewhere, author says

#### By David Moore

The reverse stethoscope technique is not likely to be found in any medical textbook. It is found in "The House of God," the author of which spoke here recently.

"The Fat Man took off his stethoscope," the novel says, "plugged the earpiece into [the unmoving patient's] ears, and then, using the bell like a megaphone, shouted into it: 'Cochlea, come in! Cochlea, come in! Do you read me, cochlea come . . . '"

It worked. The woman who the intern had thought was dead, burst to life.

The author of "The House of God" — intended to be a humorous yet realistic description of a doctor's first year out of medical school — addressed several hundred medical students and doctors here recently.

Dr. Samuel Shem, a Harvard psychiatrist, was Phi Delta Epsilon's Aaron Brown lecturer at the Medical School.

"I enjoyed the clinical aspects of

medical school, but I was totally unprepared for the shock of internship," Shem said. Shock is what many of his characters also feel. They are doctors, fresh out of medical school, trying to employ knowledge learned in books and lectures and libraries, on living patients for the first time.

"The first reaction to internship, as some of you know, is terror," Shem said, "pure terror."

At one point in the book, "This guy comes into the emergency room and I, I couldn't handle it. I offered him \$5 if he'd go home," one character admits. "He took it and left."

"The real thing is in many ways more incredible than what I put down on the page," Shem said.

Speaking to a receptive audience, Shem said that the book was written as a catharsis for him, shortly after he completed his medical internship.

Although the book is both amusing and explicit, he said its goal is to "capture some essence of the doctoring experience as it actually is.

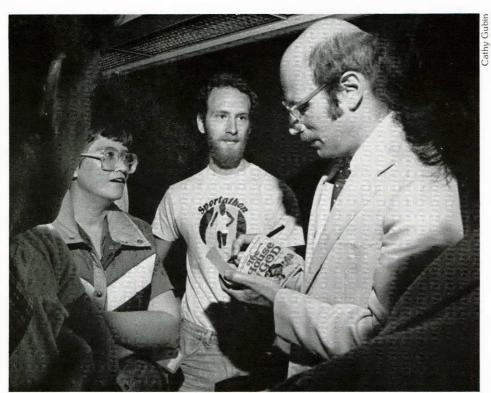
"The key concept in 'The House of God' is being with the patient," he said. "And it resonates with something inside the new generation of doctors, people like you. More than any other doctors in history we are faced with the technology to do wonders. And yet our new power contains the seeds of our new corruption. We can never let our technical expertise make technicians of us, stand between us and the persons in this world who happen to be our patients.

"Medicine is caring," he continued, "in the full sense of that word: taking care of and being with the patient. It is very hard to care. We must use all our tools and skills to care . . . The easy part is learning to use the tools. The hard part, and the best part, is learning to be with people."

"The key concept in 'The House of God' is being with the patient," he said. "And it resonates with something inside the new generation of doctors, people like you... We can never let our technical expertise make technicians of us, stand between us and the persons in this world who happen to be our patients."

"The House of God" recently was made into a movie, yet to be released. Shem didn't write the screenplay, however, and is not particularly pleased with the result. His advice: "Read the book."

Shem said he is now working on a new novel to be titled "Follies." It's about a young psychoanalyst named Fine whose wife is a stand-up comic, he said.



FORMER MEDICAL STUDENT Dr. Samuel Shem autographs his famous book. He was chosen as the Phi Delta Epsilon medical fraternity's annual Aaron Brown lecturer.



### Texas Research Institute of Mental Sciences

TRIMS Weekly Conference Tues., 3-4:30 p.m., TRIMS Aud. For topics call 797-1976 ext. 454.

#### The UT Education and Research Computer Center

For info, on courses call 792-6345.

#### The UT Health Science Center at Houston

#### Dental Branch

For info. contact Dr. Paul H. McFarland Jr. at 792-4188.

### Division of Continuing Education

For info. on courses or for design of individualized programs, write or call: The UTHSC-H Div. of Continuing Ed., P.O. Box 20367, Houston, Tex. 77025. Phone 792-4671.

"Selected Topics in Human Sexuality" symposium Fri., July 9, Rm. 400, HMB.

### Graduate School of Biomedical Sciences

For course info. contact Brenda Gaughan at 792-4655. HSC-TV Chan-

nel 4 will broadcast some course sessions. Consult your weekly HSC-TV schedule.

#### Medical School at Houston

For info. on events listed below, contact the Office of Continuing Ed., UTMSH, at 792-5346.

#### Anesthesiology

Conferences - Mon., Tues., Wed., & Fri., 6:30-7 a.m. Room 2.103.

Clinical Conference - Thurs., 6:30-7:30 a.m., Rm. 2.103.

#### Endocrinology

Conferences - 2nd & 4th Mon., noon, South Aud. Hermann.

**Grand Rounds** - Thurs., 5:30 p.m., Rm. 111-A BCM.

#### Infectious Diseases and Clinical Microbiology

Microbiology-Infectious Disease Conference Mon., 1:15-2:15 p.m. Rm. 2.103.

#### Internal Medicine

**Grand Rounds** - Tues., 12-1 p.m., Rm. 3.001.

Noon Conference - Mon. & Thur., 12-1 p.m., Rm. 1.302.

#### Neurobiology & Anatomy

Neuroscience Seminars - Call Lynn Blum for details, 792-5700.

#### Neurology-Neurosurgery

**Grand Rounds** - Fri., 12-2 p.m., Rm. 2.135.

**Pediatric Neurology Conference** - Fri., 8-9 a.m. Hermann Hospital Jones Pavilion Rm. 3485.

Obstetrics & Gynecology
Thursday Conference - Thurs., 8-9 a.m.,

Rm. 2.135.

**Grand Rounds** - Tues., 5-6 p.m., Rm. 2.135.

**Grand Rounds (Brackenridge)** - Fri., 8-9 a.m., Brackenridge Hospital.

#### Ophthalmology

Pediatric Ophthalmology Grand Rounds - 3rd Tues., 4-6 p.m., Hermann Hospital, 7th floor, Jones Pavilion.

**Grand Rounds** - 2nd Thurs., 4:30-6 p.m., Hermann Eye Center.

Orthopaedic Surgery

Grand Rounds - Thurs., 8-9 a.m., Rm.
2.103.

Children's Orthopaedic Conference - Tues., 7-8 a.m., Shriners Hospital.

#### Otology

Otology Conference - 1st & 3rd Thurs., 5-6 p.m., Rm. 6.018.

Clinical & Pathology Conference - 2nd & 4th Thurs., 5-6 p.m., Rm. 6.018.

Pathology & Laboratory Medicine

Hematology Grand Rounds - Thurs., 12-1 p.m., Rm. 2.103.

Laboratory Medicine Grand Rounds - 1st & 3rd Fri., 12-1 p.m., Rm. 2.103.

**Renal Biopsy Conference** - 2nd Mon., 4-5 p.m. Rm. 2.020.

#### Pathology

Pathology & Laboratory Medicine Conference - 2nd & 4th Wed., 8-9 a.m., Rm. 2.135.

**Surgical Pathology Conference** - Fri., 8-9 a.m., Rm. 2.024.

Neuropathology/Clinical Pathology Conference - Fri., 12:45-1:30 p.m., Rm. 2.135.

Gross Neuropathology Conference - Mon., 3:30-4:30 p.m., Rm. 7.037.

**Autopsy Case Conference** - Thurs., 8-9 a.m., morgue.

#### **Pediatrics**

Grand Rounds - Tues., 8-9 a.m., Rm. 2.135.

Perinatal Noon Conference - Wed., 12-1 p.m., Rm. 2.135.

**Pediatric Morbidity/Mortality** - 4th Thurs., 12-1 p.m., Rm. 2.135.

#### Pediatric Surgery

**Grand Rounds** - Fri., 1:30-2:30 p.m., Rm. 6.282.

Weekly Teaching Conference - Wed., 10-11 a.m., Rm. 6.282.

#### Pharmacology

Research Seminars, Mon., 4 p.m., Rm. 2.103.

Plastic & Reconstructive Surgery Grand Rounds - Sat., 9-10:30 a.m., Rm. 2.135.

#### Pituitary Service

**Grand Rounds** - 4th Wed. 4:30-5:30 p.m., Rm. 1.024.

June 23 - "Galactorrhea"

**Pituitary Foundation** - 4th Tues., 7:30 p.m., Crozier Aud., Hermann Hospital.

#### Psychiatry

**Grand Rounds** - Wed., 10:30 a.m.-noon, Rm. 2.103

#### Radiology

**Diagnostic Radiology Interesting Case Conference** - Mon., Tues., & Thurs., 12-1 p.m., Hermann Hospital, Jones Pavilion Rm. 2443.

**Houston Trauma Radiology Club** - 2nd Tues., 7:30-9:30 a.m., Rm. 2.103.

#### Surgery

**Grand Rounds\*** - Thurs., 5-6 p.m., Rm. 2.135.

#### Urology

Grand Rounds - Tues., 5-6 p.m., Rm. 6.018

Medical Surgical Teaching Conference - Wed., 12-1 p.m., Del Oro Hospital.

#### School of Public Health

For info. on courses contact the UTSPH, Continuing Education, at 792-4455.

#### The UT System Cancer Center M.D. Anderson Hospital and Tumor Institute

For info. on the following listings call 792-2651 or 792-7231.

#### Education

Oncology Grand Rounds\* - 12-1 p.m., Fri., MDAH Aud. Taped for transmission via the HSC-TV channels 4 & 16. Consult the HSC-TV weekly schedule.

**Fundamentals of Oncology - Part II,** Fri. 12-1 p.m. or Wed. 5-6 p.m. MDAH Aud.:

June 4 — "Interferon, Recent Developments in Clinical & Basic Science Research"

June 11 — 1982 Clinical Research Competition

For info. contact Dr. Yaal Silberger at 792-2738.

Cancer Screening & Detection Program for Nurses/Division of Cancer Prevention:

June 7-25 - Three Week Program Call 792-3427 for more info.

### Baylor College of Medicine

For info. contact the Office of Continuing Education, BCM, 790-4941.

#### Anesthesiology

**Anesthesiology Seminar** - Mon., 5 p.m.

Basic Science Lectures - Mon., 5 p.m.

Clinical Conferences - Wed., 4 p.m.

Morbidity & Mortality Conference - Wed., 5 p.m.

Meeting Place: Basement Conference Rm., Ben Taub.

**Didactic Conferences** - Mon. & Wed., 4 p.m. Ben Taub Seminar Rm.

**Journal Club** - Meets monthly. For dates & times call 790-4693.

#### **Biochemistry**

Marrs McLean Department of Biochemistry Seminar - Thurs., 4 p.m., Rm. 301A Cullen Bldg.

#### Medicine

**Endocrine Grand Rounds** - Thurs., 5:30 p.m., Rm. 111, BCM.

"New Drugs for Old Bugs" course will be June 25, Marriott Hotel at the Astrodome. Contact Lila Lerner at 790-4944.

#### Neurology

**Neurology Grand Rounds** - Tues., 9:30 p.m., Methodist Main Assembly Rm.

Jerry Lewis Neuromuscular Disease Research Center Conference - Mon., 4 p.m., Rm. B422 Neurosensory Center.

Neuro-Science Conference - Fri. noon, Rm. B422 Neurosensory Center.

#### Obstetrics & Gynecology

"Postgraduate Workshops in Real-time Obstetrical Ultrasonography," Thurs. & Fri. at Jeff Davis Hospital. Call Marilyn Paru at 790-4941 for details.

#### **Pediatrics**

**Grand Rounds\*** - Fri., 8:30 a.m. For location call 790-4781.

"Acute Care Pediatrics" course will be June 14-18, Marriott Marco Beach Hotel, Marco Island, Fla. Call Margaret King at 790-4971.

#### **Physical Medicine**

**Grand Rounds\*** - Fri., 8 a.m. Call 797-1440, ext. 451, for info.

June 4 - Dr. Lewis A. Leavitt Memorial Lectureship

June 11 - St. Luke's Hospital

June 18 - TIRR

June 25 - Jefferson Davis Hospital

#### Plastic Surgery

**Pathology Conference** - 1st Thurs., 4:30 p.m., Rm. 416D.

**Plastic Surgery Journal Club** - 2nd & 4th Thurs, 4:30 p.m.

#### Psychiatry

"Current Psychiatric Diagnostic & Treatment Issues in Blacks and Hispanics" course will be June 3-4, DeBakey Center, BCM. Contact Lynne Tiras at 790-4944.

#### Surgery

Surgical Grand Rounds, 7:30-8:30 a.m. Sat., Jaworski Aud.

May 29 - Holiday

June 5 - "Current Approach to Esophagogastrectomy"

June 12 - "Radical Operative Intervention in Pancreatic Cancer"

June 19 - "Management of Ocular Trau-

ma"

June 26 - OPEN MEETING — General Surgery residents & faculty

**Basic Science Course** - 8:30-9:30 a.m., Sat. following Grand Rounds.

#### Texas Institute of Rehabilitation and Research

For info. call 797-1440, ext. 202.

Clinical Neuro-Physiology Seminar - Fri., 2-3 p.m., Neuro-Physiology Conference Rm.

First Thursday - 1st Thurs., noon-1 p.m., Promethean Rm. Film & info. series.

### The UT Medical Branch Galveston

For info. about courses contact The UTMB at Galveston, Continuing Ed., (713) 765-2996 or UT School of Nursing Continuing Ed. at Galveston, 765-4802.

Scheduled Programs

June 16 - Pedi Grand Rounds "Undescended Testes"

June 24-26 - Otolaryngology Update, "Diseases of the Nose & Sinuses"

#### University of Houston

#### **Pharmaceutics**

For info. contact Dr. Stuart Feldman, 749-4044.

#### American Heart Association

Cardiac Catheterization Conference - Wed., 4-5 p.m., Rm. 2.035 MSMB.

Cardiovascular Physiology & Instrumentation - Fri., 12-1 p.m., Rm. 1.036 MSMB. For info. contact Paula Freeman at 792-5178.

#### **HAM-TMC** Library

The Houston Academy of Medicine, The Texas Medical Center Library and The John McGovern Foundation will sponsor public lectures on the **History of Medicine**, each Wed. at noon and 7:30 p.m in Rm. 031 of Jones Library Bldg. Dr. Hebbel Hoff will speak on the following:

June 2 - The Organized State: Medicine in Rome

For info. contact Elizabeth Borst White at 797-1230, ext. 39.

#### Area Hospitals

Eastway General Hospital

Clinical Conference - Tues., 12:30 p.m., Conference Rm.

Hermann Hospital

Colon & Rectal Meeting - 1st Fri., 7-8 a.m., Birch Rm.

#### Houston Northwest Medical Center

Continuing Education Courses for Physicians - Tues., 12:30-1:30 p.m. For info. call Anna Elliott, 440-2104.

Laurelwood Hospital

June 15 "Death & Dying," Elmire Smith, R.N.

Lectures are from 7:30-8:30 p.m. in the Dining Rm. Contact 367-4422 for info.

#### Memorial Hospital

**Regular Conferences** - Wed., 7 a.m., Dining Rm. D. For info. call Medical Ed., 776-5303.

Memorial City General Hospital

Continuing Education Conference

Thurs., 12:30-1:30 p.m., Conference

Rm.

#### Parkway Hospital

**Medical Staff Seminars** - Fri., 12:30 p.m., Temporary Classrocm.

#### Pasadena Bayshore

**Grand Rounds** - 1st, 2nd & 4th Thurs., 8-9 a.m.

**Surgical Case Presentation** - 2nd Thurs., 7-8 a.m.

#### Raleigh Hills Foundation

Contact Alan Spears, Raleigh Hills Hospital, 6160 South Loop East, Houston, 644-2241.

#### Rosewood General Hospital

**Tumor Board** - 2nd & 4th Tues., 12:45 p.m., Library.

**UT Teleconference Programs** - Thurs., (alt. wks.), 12:30 p.m. Call Administration for dates & topics, 780-7900.

#### St. Joseph Hospital

**Ob/Gyn Clinical Conference** - Fri., 8-9 a.m.

**Ob/Gyn Grand Rounds** - Thurs., 7-8 a.m. Both meet in 6th Floor Aud., Women's Bldg.

#### St. Luke's Episcopal Hospital

For info. on conferences & lectures contact Dr. John D. Milam, 521-4279.

#### Twelve Oaks Hospital

Twelve Oaks Forum - 3rd Tues., 7 a.m., Staff Dining Rm.

#### Texas Heart Institute

For info. on conferences, topics & speakers contact Debby Butler, THI Medical Director's Office, 791-2157.

#### Shriners Hospital for Crippled Children

For info. on surgery, clinics & conferences contact Sandra Tantillo, 797-1616, ext. 49.

\*AAFP and/or AMA credit awarded. HSC-TV is part of The University of Texas Health Science Center-Television. The network transmits over Channel 4 on a cable system within the Texas Medical Center and by microwave to a hospital network outside the center. For information call Betty Martin at 792-4226.

Additional continuing ed. programming is broadcast by HSC-TV. For program info. consult the HSC-TV schedule. Copies of the weekly schedule may be obtained by writing: HSC-TV Suite 1900, 1100 Holcombe Blvd. (UT-Houston Main Bldg.), Houston, Texas 77025. Call 792-4633.

All announcements and information for the next issue of What Goes On (July) must be in our office prior to June 10. Please send announcements to:

Betty Martin Editor, What Goes On 1100 Holcombe Blvd. Suite 11.144 Houston, Texas 77025

Or call: 792-4226

Please notify us of change of address.

### Clinical trials to test use of drug on eye scar tissue

By David Moore

A Medical School ophthalmologist has received permission from the Food and Drug Administration to begin the first clinical trials of a long-known drug to combat scarring to the eye.

Dr. Louise Cope Moorhead is exploring the use of an extract of sweet peas to counteract one facet of eye scarring, a problem that often follows

injury or surgery.

"The basic concepts of my research are, number one, that contracting scar tissue is a problem in the eye, a serious problem," Moorhead said, "and number two, that it can be approached by topical means."

Topical means? Eye drops.

"What I hope is that after glaucoma surgery, after radial keratotomy surgery, after penetrating retinal injury or trauma to the eye, you can just apply the medication for several weeks afterwards and maybe you can avoid some of the scarring effects," said Moorhead, a research scientist at the Medical School.

The scarring side effects vary. All scars contract as they heal. That's no problem when the scar is on your skin. But when it's on a fine-tuned optical mechanism only about an inch wide — your eye — the subsequent shrinking of one part by just a hundreth of an inch can throw the optics completely off.

After a penetrating injury to the retina, an internal eye wound can lead to retinal detachment as the wound contracts during healing.

After surgery to correct near-sightedness, radial keratotomy, the corrective incisions sometimes contract so much as to counteract the positive effects of the surgery.

That's where BAPN comes in. Beta-aminopropionitrile.

Moorhead's idea is to intervene with BAPN as the wound heals. BAPN inhibits scar tissue cross-linking that would otherwise lead to a strong scar, one that contracts as it heals.

"The scar tissue that is formed under treatment with BAPN is weaker and it's more sensitive to being pulled and stretched," Moorhead said.

Although long known, BAPN got bad press in scientific circles when it was first tested in humans years ago, because of ill side effects.

Moorhead expects to begin collaborating with glaucoma specialists from the Houston Eye Associates this summer, using BAPN after surgery on certain patients with advanced glaucoma. The hope is to improve the results of surgery that now has only a 50 percent success rate.

Recently the more highly purified sweet pea extract has been used safely in clinical investigations when given in pills, Moorhead said. She hopes to entirely avoid the issue of side effects to the rest of the body by applying only a

small amount of BAPN directly to the eye.

With the recent nod from the FDA, Moorhead expects to begin collaborating with glaucoma specialists from the Houston Eye Associates this summer, using BAPN after surgery on certain patients with advanced glaucoma. The hope is to improve the results of surgery that now has only a 50 percent success rate; and later to extend the drug's use to other ocular disease and injury problems.

Animal and laboratory studies show promise for BAPN, Moorhead said. But it's the human trials that she's really excited about.

"It's awfully early to say how big it's going to be because I don't know how effective it's going to be (in humans)", she said. "But if it does work, it's going to open up a whole new area of ocular pharmacology."





SCAR TACTICS — Dr. Moorhead assesses the effects of BAPN treatment on ocular scar tissue. Successful clinical trials could lead to treatment for a variety of eye patients: from some glaucoma patients who undergo surgery to the victims of chemical burns to the eyes.

### President approves guidelines on honesty in science

The following set of guidelines and recommendations on the issue of honesty in science was approved by the UTHSCH Scientific Council at its meeting of March 17, 1982 for transmittal to the President and the Executive Council for consideration and possible implementation.

- Just as the heads of academic units (for example, chairs, directors, deans) have the responsibility for oversight of excellence in science. teaching, and service, so have they the responsibility for honesty in science.
- II. Wherever collaboration exists between senior and junior investigators, both have the responsibility for the honesty of their work. However, the prime responsibility must lie with the senior investigator.
- III. We would refer our colleagues to a letter by Dr. Harold Hillman contained in Science, 213, 494 (1981). Hillman points out a variety of malpractices which, although far less serious than the dramatic events such as those causes celebres we have been considering, are also much more common and probably contribute to the greater evils.
  - (1) Collaborators or supervisors put their names on manuscripts (and thus assume intellectual responsibility for them) reporting research work which they themselves have not done and which they have discussed inadequately or not at all with the workers who carried it out.
  - (2) Research workers do not submit for publication single experiments or series of experiments which do not fit in with their hypotheses.
  - (3) Scientists fail to do relevant crucial experiments which they themselves have identified, or to which their attention has been drawn.
  - (4) Authors deliberately fail to cite other authors whose work predates or contradicts their own.
  - (5) Referees fail to reac sufficiently carefully manuscripts of papers, books, or theses, thus missing findings or desiderata which are crucial to the validity of potential publications.
- IV. As a practical consideration, we offer the following suggestions: Original, unprocessed documentation of the work should be kept on

- hand. There should be written records relating published data to the particular experiments from which that data was drawn.
- V. Our colleagues must recognize that the issue of honesty in science is one of the very greatest importance to the well-being of science. It is true without question that the four cases which have gained national prominence in recent months are not the tip of an iceberg but rather are examples of an isolated aberration. However, most scientists work with public funds. Our credibility, and the credibility of the whole scientific community, both within science and before the public as a whole, is of the highest importance. Therefore, we would urge our colleagues within the HSC and, indeed, throughout science to take strong positive action to eliminate cheating in science. We do not call for a witch hunt nor for interference from outside science itself. Rather,

it is our contention that we, as scientists, are in the best position to bring order to our own house and that this activity is a prime responsibility which accompanies the privilege of participation in the scientific enterprise.

R.W. Butcher, Ph.D. Special Assistant to the President for Scientific Affairs For the Members UTHSCH Scientific Council March 17, 1982

Endorsed by UTHSCH Executive Council April 6, 1982

APPROVED: Roger J. Bulger, M.D. President The University of Texas Health Science Center at Houston April 12, 1982

#### LIBRARY COLLECTION NAMED FOR MCGOVERN

- President Bulger (left). who this year is serving as chairman of the Texas Medical Center Library Board, examines with Dr. John P. McGovern one of the books in the library's new John P. McGovern History of Medicine Collection. McGovern, an internationally known Houston allergist who holds faculty appointments at the Health Science Center, contributed about 700 volumes from his personal library to the newly named collection. A long-time student of the history of medicine, McGovern was a member of the Board of Regents of the National Library of Medicine in Washington from 1970-74.



## Pregnant? Have sore gums? It will all be over soon

By Kenna Giffin

The best treatment is usually the least for pregnant dental patients, according to Dr. James B. Sweet of the Dental Branch.

Sweet, an oral and maxillofacial surgeon, became interested in the occurrence of special problems in pregnant patients and in patients taking oral contraceptives when he was chief of oral surgery at the National Institutes of Health, a position he held for seven years.

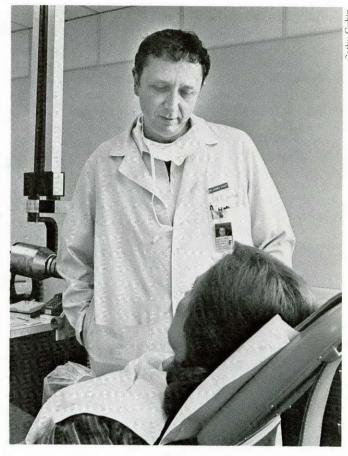
The most common problem related to pregnancy is gingivitis, or inflammation of gum tissue. Increased hormone levels probably have some effect on the increase in gingivitis, he said, but good oral hygiene can help prevent most of the cases.

Dentists should do as little treatment as possible in the first trimester, he said, because that is when birth defects tend to develop. If any treatment, such as for cavities, is done, it should be in the second trimester. In the third trimester, drugs are less of a danger but there is a substantial risk that stress could induce labor. The uterus is quite sensitive at this time, he added.

Later studies have shown much less dramatic incidence of dry sockets occurring in women patients taking the pill, probably because of a smaller amount of estrogen in oral contraceptives.

The usual position of a dental patient — lying back in the chair — can cause women to faint from supine hypotensive syndrome, he warned. This occurs because the baby is resting on the vena cava and blocking the blood's return to the heart. If this happens, a patient can be turned onto her left side and the pressure will be relieved.

SWEET ADVICE for pregnant women with dental problems comes from Dr. James Sweet, oral-maxillofacial surgeon in the Dental Branch. Very stressful dental work should be avoided during pregnancy, he advises. Less serious conditions, such as gingivitis, often clear up near the end of the pregnancy.



More traumatic dental procedures, such as extractions, root canals or bridgework, should not be done while a patient is pregnant, Sweet said. The stress caused by these procedures is dangerous, and even small amounts of anesthetics can be passed on to the baby. A fetus can't stand decreased oxygenation, which certain anesthetics could easily cause. Any major procedures that are not true emergencies should be done after the baby is delivered, he added.

Most of the more minor problems, such as tender gum tissue, tend to clear up in the last two months of pregnancy, he said. However, occasionally excessive tissue will develop on the gum tissue, referred to as pregnancy tumor, that in a small number of cases must be removed surgically.

Sweet also was involved in studies done by the NIH which showed that there were more problems a few years ago for postoperative patients who were taking oral contraceptives.

The major problem was in healing of sockets where third molars (wisdom teeth) had been removed, Sweet said. "Dry sockets," a condition where the blood clot breaks down, sloughs off and leaves the bone with no covering, occurs in few of such surgeries normally. But in women who were taking oral contraceptives, a 1976 study showed that the problem happened 19.4 percent of the time. For women not taking oral contraceptives, dry sockets occurred in only 5.7 percent of the cases.

Later studies have shown much less dramatic incidence of dry sockets occurring in women patients taking the pill, he continued. He attributes the decline to a smaller amount of estrogen in oral contraceptives.

Although many women have special dental problems, Sweet said, those patients should remember that "nothing occurs only in patients with unusual hormonal changes. They just have higher chances of problems."

## HCC, SAHS create cooperative med tech program

By Kenna Giffin

Since graduating from high school, Diane Waddell has wanted to be a medical technologist.

She attended Houston Baptist University, then transferred to the medical laboratory technician (MLT) program at Houston Community College (HCC)-Health Careers Division. In that program, she could work in a hospital laboratory and attend classes at the same time, plus her work could count as her clinical education.

But after graduation, working in a research lab as an MLT convinced her she was capable of doing more. She was sure she had the ability to be a medical technologist, to do the interpretive and supervisory duties the position entails, and to enhance her technical expertise.

In January 1981, she became the first part-time student in the School of Allied Health Sciences (SAHS) Program in Medical Technology. She will graduate in September.



Mary Beth Murphy

A unique cooperative effort between HCC and SAHS now paves the way for students like Waddell to complete the medical technology sequence more easily. The new program, which began in September 1981,



Diane Waddell

allows HCC students time to take some of the extra courses needed for the UT medical technology program while they complete the second year of the MLT program.

The cooperative program is the only such program in the country, the dream-come-true of the two program directors involved: Mary Beth Murphy at HCC and Dr. Kathleen Becan-McBride at SAHS.

Ever since Murphy began the MLT program in 1973, she has wanted to provide a career ladder for students earning the associate degree.

Once allied health agreed to accept all 76 MLT credits in the revised Houston Community College curriculum, the linkage to provide a careerladder concept was established.

"The desire was to have the MLT courses transfer to the senior college level" and count toward the bachelor's degree in medical technology, she said.

With that goal in mind, she revised the program in 1980 to increase the

transferability of the course work.

The big breakthrough was having two courses co-taught with the medical technology program: clinical chemistry/microscopy for the freshmen and clinical immunology for sophomores.

In the same spirit of cooperation, SAHS agreed to accept all 76 MLT credits in the revised HCC curriculum. This linkage provided the career-ladder concept that Murphy and McBride wanted to achieve.



Dr. Kathleen Becan-McBride

Although Waddell began her med tech studies too soon to take advantage of the coordinated MLT-to-medical technology sequence, she did participate in another medical technology innovation: McBride invited her to become the first part-time medical technology student in the program. It has worked well for Waddell.

"Being a mother, I don't have the time to go full time," she explained. "At least this way I'm able to take courses toward my bachelor of science in medical technology and still have time for the kids."

## Fear often worse than reality in confronting conflict

By Ina Fried and Diane Broberg

What can you do when your insurance company keeps returning your claim after you've followed all the instructions? When the store doesn't credit your account for the merchandise you returned? When someone else keeps parking in your reserved space?

How can you handle conflicts that send your blood pressure soaring?

"The important thing is to recognize the beginning of alarm — sometimes people ignore a problem until they're in the midst of a crisis and then ask, 'How the hell did I get here?' One thing that sustains conflict is avoidance; confronting conflict is the healthy response," said Dr. Amanda Fouther-Austin at a workshop on productive conflict management sponsored by the Department of Human Resources and Employee Relations.

"We often move away from conflict instead of using it constructively," the management consultant said.

Evading and denying conflict may take several forms: ignoring it; putting the blame on someone else ("Oh, my husband won't let me," or "You're breaking the rule"); submitting to what you think the authority wants; or agreeing to the demands but not acting on the agreement.

"Conflict always occurs within a context of interdependency," Austin said. The actions of one person or group has to have consequences for the other person or group for there to be a conflict. Conflict has an internal element of ambivalence as well — both sides present some benefits.

Conflict can and does bring disorder, dysfunction and death to human affairs, she said, but conflict also can and does bring the opportunity for dramatic development and growth. For instance, many women leaving marriages discover a whole new realm of possibilities for their lives.

Fear of what may happen is often worse than confronting the actual conflict, Austin said. Conflict causes the physical symptoms of stress, but you can often disarm that stress and prevent your opponent from taking advantage

"CONFRONT YOUR CON-FLICTS," said Dr. Amanda Fouther-Austin at a workshop sponsored by Human Resources and Employee Relations. Saying something like, "I'm really uncomfortable about this situation," to someone is a healthy thing to do, she explained.



of it by just verbalizing it, saying something like, "I'm really uncomfortable about this situation."

#### **Exercises for Stress**

A related Employee Relations Brown Bag program dealt with "The Stress Factor." Mary Jane Hurlbert, a local guidance counselor who calls counselors "Rent-a-friends," outlined ways to keep stress from causing physical or mental illness.

"Cut down on chemicals like caffeine, sugar, salt, alcohol and drugs," she advised. Try to exercise at least three times a week to keep your mind limber enough to deal with stresses, and get plenty of hugs to relieve tension, she said.

For a relaxing massage, lie on a tennis ball and move it around your sore muscles, she suggested. But the best way to relax may be meditating on something positive.

With your eyes closed, relax yourself by saying, "My limbs are warm and heavy, my heartbeat is regular and steady." Try to see yourself when you were at your best physically, then when you were at your sharpest mentally, and then emotionally. Put all of them together and come back to the present stressful situation, she said.

And think how boring your life would be if you never felt stressed.

#### **Dealing with Conflict**

In dealing with conflict, try to take

an "integrative" approach, Austin advised. This is a situation in which both sides win, instead of one side winning and the other losing.

She listed several characteristic behaviors of this approach:

- Both sides are pursuing a common goal.
- Discussions are open and accurate; you don't try to trick the other person by concealing some information.
- You are predictable, flexible and consistent; discussion proceeds in a logical order so that you can understand what's going on.
- Proposals have clear consequences; no threats or bluffs are involved.
- You are willing to hear the other side and to explore innovative solutions.
- You give merit to ideas regardless of the source; ignore stereotypes.
- You try to maintain positive feelings; hostility is not deliberately induced.

The more you can keep a conflict on an intellectual level, the better chance you have of resolving it, Austin said. The more emotional a conflict becomes the more likely it is to turn into a crisis. The emotional element is the reason that conflicts within a family are often so difficult to resolve.

Remember, she said, "all individual growth and social progress involves rationally facing and creatively resolving conflict. If there's no discomfort, there will be no change."

## NEWS Nones

**VA Nursing Scholarships** 

The Veterans Administration has launched a \$4 million scholarship program for 300 qualified nursing students. The scholarships will provide educational benefits on a pay-back-in-service basis. In return for each year of the scholarship — which provides tuition, educational expenses and a monthly stipend — participants will agree to serve a minimum of two years as a full-time nurse in VA facilities. The VA operates 172 hospitals and 226 outpatient clinics around the country, employing 30,000 nurses.

Applications are now being sought from bachelor's and master's degree students for the school term to begin in the fall of 1982. Applications and information are available from VA Health Professional Scholarship Program, Office of Academic Affairs, DM&S (14N), 810 Vermont Avenue, Washington, D.C. 20420, or the School of Nursing Office of Student Affairs.

ice of Student Anans

Laminated UTHSCH Folders Available

The HSC Bookstore now has laminated folders featuring a full-color aerial view of the medical center on the cover.

The folder backs have maps of the medical center with HSC buildings colored orange on the map and the accompanying key.

Inside is a brief explanation of the HSC on one side and important phone numbers on the other side.

The folders cost \$1.75 each.

Walk-In Clinic Moves

The Health Science Center's Adult Walk-In Clinic has moved from Hermann Hospital to the Internal Medicine Ambulatory Care Center, Suite 508, Hermann Professional Building.

Two physicians and a nurse are available 8:30 a.m. - 5 p.m. Monday through Friday to see adult patients on a walk-in basis for non-emergency medical problems.

For routine matters, such as a physical exam, a person may make an appointment with one of the doctors in the ambulatory care center, but for problems, such as flu, needing more immediate attention, a new patient can be seen the same day at the Walk-In Clinic and then schedule an appointment at the ambulatory care center for followup care. If the patient has a regular doctor, records will be sent to that doctor.

The Walk-In Clinic charges \$25 for a visit; there may be additional charges for lab work or X-rays. HSC employees and their immediate family members are eligible for a 20 percent, or insurance only, discount.

For more information call 792-4755



STARTING YOUNG is the way to get students interested in biomedical research, pelieves Dr. Yvonne Clement-Cormier 'standing, rear), assistant professor of pharmacology and of neurobiology and anatomy in the Medical School and the Graduate School of Biomedical Sciences. She and graduate student Keith Wilner introduce a group of 9- to 13-year-olds to basic research in the lab. The visit was arranged by Mary Guillory of the president's office; her son is a member of the class, which attends Ollie Morris School.

HOME AGAIN, HOME AGAIN — The second annual Alumni Day at the Medical School drew graduates from as far away as North Carolina for a day of lectures and social activities. Pictured are (left to right) Sondra Ives, coordinator of alumni affairs, Dr. Josephine Session, '75, and Dr. Marie Kuffner, '76, president of the Alumni Association.



## Students find new images with rad tech careers

By Kenna Giffin

It seems incredible to Katherine Pitre that "someone who doesn't know what an electron is" can emerge from the Program in Radiologic Technology of the School of Allied Health Sciences knowing about radiation physics, radiation into reaction with matter and the skills to run gigantic, mysterious machines.

But "when students finish those 24 months, they must be skilled," the program director said. "The sophomores are still shaking their heads. They're going from ground 0 to productive health care providers in two years—that's phenomenal."

It takes dedicated individuals to get through the program, she said, and all applicants are carefully screened and counseled before they are admitted. Radiologic technology is one of the four programs at the Health Science Center that require no college for admission.

But it does require hard work and concentration.

We have great expectations of them," Pitre said. "But none are greater than the expectation of the patients. The majority of our students come through like troopers. It helps their self-images and self-esteems. They believe in themselves—the first such experience for many of them."

The profession demands that students interact with many different people every day. For that reason, radiologic technology students should be 'people oriented.'

About half of the rad tech graduates work in med center hospitals, she added.

Some students use the profession as a beginning step, she continued. They advance to more technical levels, or perhaps go into management positions in radiology.

PRACTICING ULTRASON-OGRAPHY is student radiographer Bill Price, who is studying radiologic technology in the School of Allied Health Sciences. The program requires no college hours for entry, yet students can begin good careers after the 24-month sequence.



"Some use their skills to help support themselves while getting other education. Others use their skills in simular fields outside the health care arena. They're called 'application specialists'—they show how to use new equipment, for example," she said.

Then there are students who advance from being radiologic technologists to radiation therapy technologists or more exacting skills such as medical sonography or computed tomography.

"You advance in direct ratio to your own initiative," Pitre said of the rad tech field.

The profession demands that students interact with many different people every day, she said. For that reason, students entering the program should be "people-oriented."

The curriculum is geared to providing the patient with the best possible care. The patient is the most important part of the process," she explained.

Although most rad tech students previously entered directly from high school, only a third start at that age now. Some students have one or two years of college, Pitre said. Others have college degrees but aren't as interested in their degree areas as they once were. And some students, often women returning to the working world, simply want a change in careers.

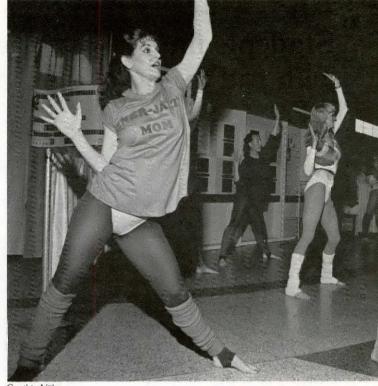
"I'm pleased to see the trend of people changing careers to one that is more rewarding and meaningful," Pitre said. "Those types do fantastically."

And the job potential?

"Super in the last five years," she said. "Our graduates usually look at four or five positions—in hospitals, doctors' offices, small clinics—and they make the choice. I get calls constantly from people wanting to employ radiologic technologists. They say, 'Any one of your graduates is fine.' That makes me feel good."



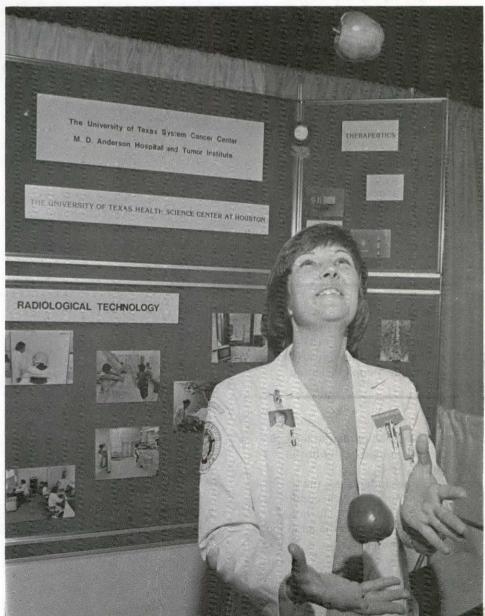
Health Awareness Week



Cynthia Miller

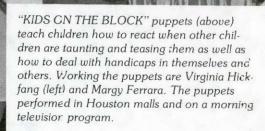


DR. MICHAEL MCGINNIS (above), deputy assistant secretary for health and assistant surgeon general U.S. Department of Health and Human Services, makes a point during his talk at the School of Public Health during Health Awareness Week. He also spoke to the Greater Houston Hospital Council. (Right) An apple a day keeps rodiologic technology program lecturer Debbie McElroy in practice for juggling schedules, X-rays, etc. McElroy was one of the School of Alied Health Sciences personnel who spent time during Health Awareness Week at various allied health or special topic booths in Houston malls to tell shoppers how to stay healthy or all about a career in health professions.



Carhy Gubin

WHERE DO THEY GET THEIR ENERGY? From Ener-Jazz as demonstrated by these exercisers in a demonstration at Northline Mall (left). (Below) Houston Fire Department volunteers dress as Bert and Ernie, Sesame Street characters, to teach children what to do if their clothes catch on fire. "Stop, Drop and Roll" is the theme song the children learn for self-protection.



ALLIED HEALTH PROFESSIONS

ALLIED HEALTH PROFESSIONS

COMMUNICATING ALLIED HEALTH information to mall visitors during Health Awareness Week is Donna Agruso 'seated, below'), a student in the School of Allied Health Sciences Program in Biomedical Communications.

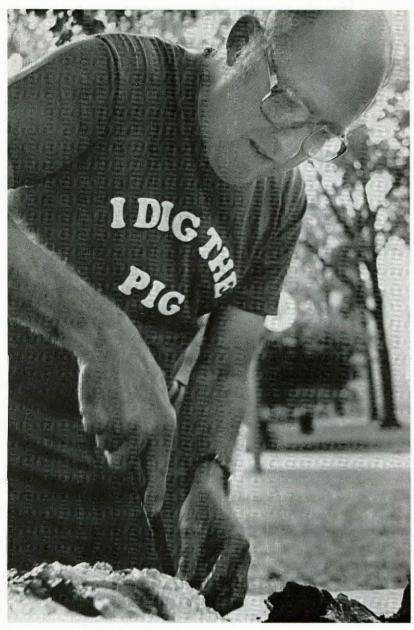
CYTOTECHNOL-OGY IS A FRONT-LINE DEFENSE against cancer, cytotechnology program instructor Stephanie Hamilton (right) might be teiling Kary Havard, who stopped by one of the allied health booths in a Houston mall during Health Awcreress Week.





Cyrthia Miller

# Afterthoughts NTSU LIBRARY



Cathy

PORCINE PARTY — T-shirts, beer and a side of pig made the School of Public Health gala event a hog-wild success.

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