Patient representatives, unique volunteers

A unique program in which volunteers act on behalf of patients was begun at Barnes Hospital on February 4. Volunteers Gloria Elliott, Audrey Weisman and Hildy Finley were named the first patient representatives according to Deborah Lord Bobinette, director of volunteers. They will act in a liaison and communication between the patient and the hospital staff.

Mrs. Bobinette said that Barnes is the only hospital in the St. Louis area to use only nonpaid volunteers rather than paid employees in this capacity. “The feeling,” she said, “is that patients will feel closer to and respond more freely to someone who is not paid by the hospital.”

The pilot program began on 8400 and 9400. Patient representatives are in the hospital Monday through Friday from 9 a.m. until 5 p.m. visiting patients’ rooms, introducing themselves to new patients and leaving their cards with patients should the patient wish to talk with them in private.

The vastness of a hospital often confuses patients as to which department should be complimented or to whom to turn when problems in communications arise. Doctors and nurses express sympathy, but often their duties do not allow them ample time to trace precisely where a trouble area may exist.

Patient representative Mrs. Weisman enjoys the “special patient-oriented aspect” of her volunteer role. Patient representatives’ prime responsibility is to channel the information to the proper department and to let the patient know what action is being taken on his behalf. “It’s especially rewarding to learn you’ve added to a patient’s comfort by clearing up a minor problem of which the hospital staff was unaware,” she said.

“It’s a dual role,” she continued. “Not only do we try to resolve problems but we also learn from patient input that there might be a better way to do things. Perhaps the hospital may need to take a second look at a policy or procedure and revamp it, providing it is feasible, of course.”

Mrs. Weisman and Mrs. Bobinette both emphasized another dimension of the patient representative role. Many patients, anxious upon admission to the hospital, confess they forget their manners and fail to compliment hospital staff members who do something “extra nice.” It’s rewarding to play detective, tracing an unknown nurses’ aide, housekeeper, dietary employee or dispatcher, to pass along a compliment to both the employee and his supervisor.

The patient representative program was expanded to include all East Pavilion nursing divisions in late February and will become hospital-wide as volunteers are recruited for the program. “Patient representatives,” said Mrs. Bobinette, “will provide that extra something to ensure that a patient has a more pleasant hospitalization and will think of Barnes as a friendly, caring hospital.”

Dr. Robert Stine

Dr. Stine named director of Barnes emergency room

Dr. Robert J. Stine has become the first medical director of the Barnes emergency room and has simultaneously been appointed assistant general surgeon and assistant physician. The appointments became effective March 1 and he will assume his duties on March 17.

Dr. Stine received his medical degree from Vanderbilt University in 1972. He had previously received a master of arts in teaching degree from Harvard in 1965. He served his surgical internship at Barnes in 1972-73 and was junior assistant resident in surgery here in 1973-74. He took his residency in emergency medicine at Johns Hopkins Hospital in 1974-76. He has been on the emergency medicine, surgery, and medicine staffs of Johns Hopkins since that time.

March set aside to promote good nutrition

The Barnes dietetics department provided information reminding patients and staff to eat right during Barnes first week observance of National Nutrition Month in March.

Dietary pamphlets were sent to patient rooms on their meal trays to provide them with nutrition information, according to Cynthia Foster, co-director of Barnes dietetics department. Information on different nutrition topics was available to employees at a booth set up during lunch hours in the cafeteria Sunroom, and calorie information appeared next to selected food items in the lunch line.

The theme of the month is “to hit your stride, eat right.” The dietetics department plans to promote running as well as walking as a means of encouraging public involvement in its cause. The St. Louis Dietetics Association and the St. Louis Dairy Council will co-sponsor a five-mile marathon at 8 a.m. Sunday, March 23, to begin and end at Tilles Park, at Litzinger and McKnight roads in Ladue. Prizes will be offered to the top three runners in each of eleven age categories. Those chosen as the top male and female runners of the day will receive a pair of running shoes. Marathon entry sheets are available at the dietetics department, first floor Peters building.

Barnes Hospital, St. Louis, Missouri, March, 1980, Volume XXXIV, Number 3

Bonus to be given for perfect attendance

Barnes employees who have accrued 480 sick leave hours at the end of each payroll quarter will be eligible for a bonus of $50 net pay or a scheduled work shift off with pay for each quarter that no sick leave is taken, according to Barnes personnel director John Tighe. The new policy was effective December 29, 1979, and the first group of employees will be eligible for the first bonus after the payroll quarter ends March 31.

At the end of each payroll quarter ending March 31, June 30, September 30 and December 31 the full-time and part-time employees earning sick leave benefits who have 480 hours of sick leave accrued, who have not been paid any sick leave benefits during the quarter just ended, and who have not been on a leave of absence at any time during the three-month period will be awarded the perfect attendance bonus.

Qualifying employees electing to take a scheduled work shift off with pay must do so before the next quarter ends. Those employees electing the $50 net pay will be given a check, separate from their bi-weekly paychecks, by their department heads.

As of December 29, more than 575 employees were eligible for the bonus.

Diagnostic test for jaw pain, popping

A test is now being performed at Barnes Hospital and the Mallinckrodt Institute of Radiology to diagnose the cause of jaw pain or temporomandibular joint (TMJ) pain, limitation of motion and “popping.” The technique, arthrography, utilizes microfocus magnification radiography, fluoroscopy and contrast material to yield both structural and functional information not available with the standard x-ray examination.

“It’s always been hard for the clinician to find out what is causing a TMJ problem. Many specialties have struggled with it including ear and throat, rheumatology, dentistry and oral surgery,” said Dr. William Murphy, Barnes radiologist. "Conventional x-ray was never totally satisfactory for diagnosis. Something such as tomography always had to be added to the x-ray system to improve the results. Such systems were often time-consuming and could give a fairly high dosage of radiation for the limited information obtained.”

To solve this dilemma, Dr. Murphy and his staff designed a device that would position the patient’s head for best viewing the TMJ and added magnification capability. This provided the desired diagnostic tool without the drawbacks of previous techniques and when combined with fluoroscopy and videotape, made arthrography possible. Barnes is the only hospital in Missouri to offer this type of test and only four or five other places in the U.S. do TMJ arthrography.

(continued on page 6)
Special Valentine for Barnes Patient

The giant "Get Well Soon, Aunt Bev," with adjoining heart spilled in huge letters across the snow-covered park which faces Barnes caused quite a stir last month. Who, everyone wondered, was Aunt Bev?

Responding to the request in the patients' weekly News Capsule that she identify herself, Aunt Bev called the public relations office to say she was Mrs. Thomas (Beverly) Smith of Livingston, Illinois, about 43 miles north of Alton.

The combination valentine/get-well greeting was nois, about 43 miles north of Alton.

A snowy valentine for a Barnes patient brought cheer to many.

The giant "Get Well Soon, Aunt Bev," with ad-

The hospital-wide tumor registry will be activated at Barnes July 1, 1980. "A division of the inpatient medical records department, the registry is designed to help the physician provide more meaningful follow-up care for cancer patients and to serve as a source of cancer-related statistics," said Dr. Marc Wallack, head of surgical oncology at Barnes, who served as chairman of the tumor registry feasibility committee.

The registry will index all Barnes patients admitted with the diagnosis of cancer or undergoing treatment for cancer, keep statistics on the number of cancer patients admitted here annually, identify the different kinds of tumors being treated and the type of therapy used. These treatments are then compared to determine which is the most effective for a specific tumor.

Upon admission the name of the patient identified as having a tumor or undergoing cancer treatment, the type of cancer diagnosed and type of treatment will be entered in a computer-assisted tumor registry. At six-month intervals, follow-up (a check to see how successful the treatment has been--remission or recurrence of tumors) will be made with the referring and/or attending physician, hospital or facility. If none is available for follow-up, then the patient is contacted to determine his current health status. Plans are also being made to keep the initial referring physician notified of the information gained through follow-up on his patients referred to Barnes.

"Better follow-up leads to better treatment, and better treatment leads to better survival," said Dr. Wallack. Patients in the registry will also receive cancer up-date letters containing information on both local and national cancer news and current treatments and therapies.

"The formation of the tumor registry will benefit not only the patients but also everyone who cares for the cancer patient," added Dr. Wallack. "It will aid the physician in follow-up care and will serve as an instrument of learning by publicizing tumor data as to cancer incidence, kinds of therapies for specific tumors and how those statistics and therapies compare nationally."

"It will enhance Barnes' recognition as a cancer treatment center and total care facility, and serve as the first step toward cancer center status certification from the American College of Surgeons and the National Institutes of Health's tumor registry program whose goal is to collate information nationally from accredited cancer centers," said Rose Dunn, assistant director, who worked with Dr. Wallack on the feasibility committee.

Direct supervision of the registry will be under the medical records director, Richard Spencer, and quality assurance coordinator, Judy Herron, who will be responsible for gathering data required by local and national associations for cancer center certification. Ms. Herron will report to the tumor registry committee, a future subcommittee of the Barnes Medical Advisory Committee, which will be responsible for developing concepts of cancer treatment at Barnes with the American College of Surgeons and the American Cancer Society.

There's Silver in Them That X-Rays

The glitter of silver represents an attractive investment to some but the other side of the coin is an increasingly important cost factor in various types of film, especially that used for x-rays.

The most expensive part of an x-ray film is the silver content. As silver prices increase, film costs increase. Silver prices have risen from $6 an ounce last year to more than $36 an ounce in late February. Film manufacturers passed along this increase with hikes of 40 percent and 50 percent.

"X-ray film is a very important cost radiology," said Dr. Ronald Evens, Barnes radiologist-in-chief and director of the Mallinckrodt Institute of Radiology. "The cost of film used to be 10 percent of our budget but with recent price increases, it is now close to 20 percent of our annual budget."

Mallinckrodt Institute of Radiology is one of the largest users of x-ray film in the nation. The institute does more than 2,100,000 x-ray procedures each year with each examination using an average of three sheets of film, or more than 600,000 pieces of film annually. Dr. Evens said, "A sheet of film now costs from $2 to $5, depending on its size. To recover some of the cost, we sell old films that are no longer needed for patient care to commercial labs for reprocessing.

"We also recover silver that is removed during x-ray developing and processing," he said. Silver compounds are what make film work. When the x-ray beam strikes the film, different amounts of silver are removed in processing that make various areas black or white. The white or unexposed film is where the silver has been washed off by a chemical solution and black areas are where silver compound is still present. This chemical solution is then run through a trapping mechanism which harvests a paste-like material containing silver. This paste-like material can also be reprocessed at commercial laboratories. ..."
76 students graduate from Barnes School of Nursing

Teresa Marie Dickerson was awarded the coveted Glover H. Copher scholarship at graduation ceremonies for the Barnes School of Nursing held January 26. Established by the late Barnes surgeon in 1958, the $1,700 scholarship is awarded to the graduate who has shown outstanding achievement in academic studies and in clinical practice, who has made contributions to the student program and who has promise of continuing his or her nursing education.

Of 76 students who received their diplomas at the St. Louis Cathedral ceremony, Miss Dickerson is one of 35 who will return to the hospital to work full time. She said she has enjoyed working at Barnes because it has helped her gain "a broad base of experience." Barnes staff members were always willing to answer questions, Miss Dickerson said, and the patients under her care were from a large cross-section of society. "I'm glad I attended Barnes," she added, "because you not only know what things you have to do, but you also know why they need to be done." Miss Dickerson decided to join Barnes 8100 division, and will eventually pursue a bachelor of nursing science degree.

Four other graduates received $100 awards for their outstanding work in different nursing fields. These awards were presented on behalf of the Barnes Hospital Auxiliary by Lynn Bachmann, president of the group. The four students were Cynthia Lynn Pollack, of Olivette, for her work in maternity nursing; Erin Marie O'Toole, of St. Ann, for her performance in medical-surgical nursing; Georgene Ann Stuckenschneider, of Florissant, for her work in pediatric nursing; and Rick Allen Hahn, of Billings, Montana, for his work in psychiatric nursing.

Graduates who have joined the Barnes nursing staff are Teresa Dickerson, Marilyn Friend, Myra Green, Harvey Mack, Linda Daft, Debra Vilmer, Kathryn Govreau, Elizabeth Larsecy, Elizabeth Mueller, Donna Schirmer, Amy Sullivan, Dorothy Ackfeld, Suzan Kaskus, Linda Janoski, Mitchel Mahon, Laura Mergenovich, Jeanne O'Grady, Laura Benoist, Gail Luketich, Cynthia Peil, Cynthia Takacs, Susan King, Gail Miller, Judith Deadrick, Janice Rebello, Christine Gain, Kathleen Kopf, Nancy Miller, Teddi Reeder, Sally Shaw, Diane Renken, Kathy Kliethermes, Mary Brinkmann, Laura Voss, Marcia Herman and Jane Hamilton.

Speakers at the graduation were Helen Garrett, nursing school medical-surgical instructor, and student Linda Janoski. Hospital president Robert E. Frank presented the graduates with their diplomas, school alumni president Nancy Schmidt gave each graduate a rose and school director Phyllis Khan gave out the nursing pins.

School of Nursing director Phyllis Khan pins new graduate Cynthia Peil.

Nursing isn't just for women anymore. Ten men were among the January grads.
Primary nursing care (PNC) is being tried at Barnes as part of a continuing effort to personalize patient care. The nationwide shortage of practicing registered nurses (put at 100,000) is limiting adoption of PNC; however, those presently participating in pilot programs on 6200, 12100, 9100, respiratory intensive care unit (RICU), 8400 and 5 and 6 Renard are enthusiastic proponents of primary nursing care.

Mary Ann Blake, an assistant director of nursing, described primary nursing care succinctly, "It's more individualized care, indeed it's a one-to-one relationship between the primary nurse and her patients."

Sherlyn Hailstone, head nurse of RICU added that families of the patients are included in the primary nursing care delivery program. "It is important to both patients and their families to know that one nurse will be responsible for the total care of patients during their hospitalization, and will usually continue the PNC when or if the patients are readmitted," she said.

Primary nursing care includes "the communication of a patient's nursing plan to other staff members so that the continuity of care can be carried out, as well as permit follow-up programs to be sure the plan is working," said Mrs. Jo Hawkins, head nurse on 9100 and 12100.

Ms. Terry Walker, assistant head nurse on 9100 exclaimed proudly, "I love it, because it's what I was trained to do."

The nurses agree that primary nursing care is more demanding but, if the wellbeing of the patient is the goal truly sought, then it is best achieved through primary nursing care. It is the only nursing care program tailored to meet the individual needs of patients.

Mary Ann Blake, an assistant director of nursing, described primary nursing care succinctly, "It's more individualized care, indeed it's a one-to-one relationship between the primary nurse and her patients."

The "new concept" is based on the case method system which was instituted by Florence Nightingale about 1856. The genesis of nursing stretches back to ancient times, but was not practiced as we know it today. Soldiers nursed their fallen comrades on the battlefields; monks cared for members of the upper classes. The poor more or less fended for themselves. During the Middle Ages derelict women were punished for their crimes by being forced to provide nursing care for jailed criminals or were sent to filthy hospitals to care for highly contagious patients. Nursing care was not a high societal priority.

From this precarious environment, the dedicated and vociferous Florence Nightingale transformed nursing into a dignified profession and additionally provided women with the option to become nurses. If they chose to do so, she trained them relentlessly in the necessity for keeping clean both patients and hospitals. She instilled the importance of written records charting the progress of the patient and his disease. She used the case method of nursing, a one-to-one approach whereby the nurse was responsible for the total care of the patient.

Nurses bathed and fed their patients, changed beds and bedpans and bore complete responsibility for them until relief nurses came on duty to assume the obligation. The following day a nurse might be assigned different patients from the previous day, interrupting the flow of personal responsibility, but the nurse was always in charge of total patient care for her shift of duty.

Primary nursing care expands on case method nursing by demanding 24-hour accountability for the duration of the patient's hospitalization from the time of admission to the time of discharge, as opposed to bearing responsibility for only a shift of duty. Additionally, the patient retains the same primary nursing during his entire hospitalization. All primary nurses are RNs.

Despite this awesome obligation, nurses are willing to accept the challenge. "It is sometimes difficult," Ms. Walker admitted, "but the primary nurse's feelings about her patients outweigh the occasional interruptions when she is off-duty. And too, each has a back-up, either an RN or a licensed practical nurse (LPN) who is introduced to the patient as an associate who is qualified to act during the primary nurse's absence.

"Patients understand that a primary nurse (PN) is one person and cannot be with them continuously. They accept the associate nurse attending their needs when the PN is unavailable. They understand too, that the PN has other patients who may be more seriously ill than they. As long as patients know their PN is responsible for them, cares for them, and offers them emotional support, they trust her judgment and don't feel slighted or put-off," she said.

"Primary nursing care means doing what the patient wants and needs to make him comfortable. It means following the doctor's prescribed treatment program by dispensing the medication and administering certain tests. It's helping the patient adjust to changes in his lifestyle, if they are required, so that he can get on with the business of living in an optimal way. It's educating him as to how he can prevent a relapse, improve his disease, or accept the fact it may be terminal," Ms. Walker continued.

Total nursing care includes a helping hand as well as quality nursing care for primary care nurse Gail Wetzel and LPN Bennie Mills.
"Communications with other staff members about the patients' nursing care plan and follow through to ensure it is working are important elements of primary nursing care," explained Mrs. Hawkins. Because of increased education in anatomy and physiology, along with special in-service training to keep abreast of specialization and to interpret new technology as it applies to specialized areas, RNs are capable of assessing patients' reactions to prescribed medical treatment.

Mrs. Hawkins said that because the primary nurse is with the patient for the majority of time, her input is "meaningful to the physician." If she observes undesired reactions to medication, or that the administering of a test will not be beneficial at certain times, she informs the physician. Alternate medication is usually available, and tests can be rescheduled. The emphasis is on the patient, rather than adhering to the convenience of a doctor or hospital.

"We act as patient advocates as well as nurses," Mrs. Hawkins said. Primary nurses seek to ameliorate problems by gathering information pertinent to the lifestyle of patients who are sometimes reluctant or embarrassed to tell their doctors. Most patients trust doctors implicitly in medical matters, but distance makes a tenuous relationship which lacks the closeness existing between patient and the primary nurse.

Dr. Donald Sessions, an otolaryngologist whose patients are hospitalized on 8400, one of the floors to switch to primary nursing care, said the changeover is a natural for that floor because the nursing staff there has always been very concerned for the patients and have always done a great job under adverse conditions. He explained, "A lot of our patients are severely ill; they have tubes and they have secretions—both of which require extra nursing care. Primary nursing fosters more nurse involvement and more personal care for the patient. I can see that both the nurses and the patients are happier now. Just like any human being, they feel better when things are on a one-to-one basis. Our patient feedback is good—about 90% volunteer that they are really happy with the nursing care they get. That's about the highest percentage one could hope to please about anything, especially anything like hospitalization."

Mrs. Hawkins believes primary nursing care is the future of nursing because patients are clients and consumers and will demand quality nursing care. "Primary nursing care guarantees a patient that he can ask for and receive help," she said.

Harold Thayer, chairman of Barnes' board of directors, agrees: "Primary care is part of the solution to a paradox in medicine today; nearly everyone seems to want the old-fashioned family doctor, but expects and deserves modern, specialized medical care not possible only a generation ago. Our task is to combine the personal caring of old-fashioned medicine with the technological achievements of modern medicine to give the patient true excellence in care."

Mrs. Hailstone pointed out, "The nurse who admits the intensive care patient will become the patient's advocate as well as the RN, assist with the initial assessment, establish a rapport with the family and attempt to advise the family of the nursing care program within 24 hours." Chronic patients with lung diseases or asthmatic problems are admitted periodically. Usually the same primary nurse will continue the patient's care. Despite the intensity of care required by chronic patients, Mrs. Hailstone said the consensus is the primary nurse has "learned" the patient; his likes and dislikes, his emotional strengths and weaknesses. Both patient and primary nurse prefer care continuity for readmitted patients "because in the long run, it is easier and saves time," she said.

Primary nurses recognize they must bolster families as well as patients. Personal involvement is extended to family members who become appendages of the patient lying in bed. Their anxieties are lessened when they learn the same primary nurse will continue to nurse their relatives if they are readmitted to the intensive care unit, Mrs. Hailstone said.

Summarizing the primary nursing care program, Mrs. Blake said it constitutes consistent treatment from hospital admission to hospital discharge. It encompasses coordinating the medical treatment and nursing care plans; educating the patient and family about the disease, whether it be long- or short-term, and how it will affect the patient and his family. If it is short-term, the primary nurse prepares the patient as to what to expect during recovery.

"But the patient with a chronic illness or terminal disease must learn to cope between hospitalizations so that his life retains quality," Mrs. Blake said. "A cancer victim may reject hearing about it at first," she continued, "but he must come to grips with his condition." Primary nurses try to ease their patients' burden with empathy, rather than sympathy, so as to avoid overindulgence in self-pity. The primary nurse is emotionally supportive, helping the patient utilize the "coping mechanism that we all have to deal with something that is distasteful," she said. The primary nurse helps the patient mobilize strengths which will enable him to live a life which is fulfilling to him.

"In a sense, we've gone full circle," said Maureen Byrnes, Barnes vice-president and director of nursing service. "Once, nurses cared for patients on a personal basis, but for a while team nursing seemed to offer the best approach."

"Primary nursing care is the only way to get the RNs back to the bedside where they really want to be, involved with the patient's care," said Mrs. Hawkins.
Diagnostic test
(continued from page 1)

“Our procedure, which takes approximately 1½ hours for a single joint and 2 hours for examination of both joints, can tell us about the bone, whether or not the jaw joint is too wide or too narrow and whether or not arthritis is present. By injecting a contrast material into the joint through a tiny needle, we can also evaluate its internal anatomy to see how the cartilage or meniscus works,” said Dr. Murphy. “We can tell if the cartilage slips causing the jaw to pop, if it is detached or blocking motion and whether or not it is torn. (Cartilage can tear as a result of imbalance of the facial structure or trauma caused by anything from a deep yawn to getting hit with a baseball bat or injury from an automobile accident.)

Dr. John Delfino, Barnes oral and maxillofacial surgeon-in-chief who sees many patients with TMJ dysfunction, said, “Before TMJ arthrography we could not tell if a patient had a tear in the cartilage. Because of the fine detail now possible with this procedure not only can we tell a tear is present, but also how long it is and what procedure would best correct it. There are about 400 dentists in this area who treat temporomandibular joint problems but are unaware of the diagnostic arthrography available at Barnes.

“In previous years patients who suffered from various degrees of facial, head and ear pain were said to have TMJ dysfunction and were treated by routinely grinding the teeth to balance the occlusion or inserting plastic tooth guards,” said Dr. Delfino. “Intrinsic joint disease and myofacial pain are two distinct entities which are subject to different treatment modalities. Before a definitive diagnosis can be made, a complete workup should be performed. Temporomandibular arthrography has helped make this workup complete.

“Some patients have dental problems but these should not be confused with patients with true congenital or developmental joint disease,” said Dr. Delfino. “We cannot group all patients with TMJ discomfort into one group of dental patients with one standard treatment.”

Life skills classes taught to patients

The activity therapy department has begun an activities for daily living series in which life skills are taught to psychiatric patients. Since its inception last December, some of the subjects taught have been “Job Resume Writing,” “How to Find a Job,” “Finding an Apartment,” “Basic Sewing,” “Driving Safety,” and “Basic Income Tax Preparation.”

Activity therapy director Cheryl Brady said, “The classes promote self-confidence, increase useful knowledge and often generate interest in subjects to which patients have not been exposed before.” Additionally, she said, the classes provide an environment in which the patients can interact socially with one another.

Although it is not mandatory for patients to attend, they are encouraged to do so. “It is hoped,” Mrs. Brady said, “that as patients explore and become comfortable with unfamiliar subjects, they will arouse within themselves a curiosity to pursue information in other areas.” All of the subject material is designed to help the patient assume a normal lifestyle upon his or her discharge from the hospital.

Two new writers join public relations staff

Two new employees have joined the Barnes public relations department. The newcomers, Joan Rice and Virginia (Ginnie) Stanislaw, both have a wide range of experience in communications and journalism.

Joan Rice, who joined the staff in mid-January, is a 1976 graduate of the University of Missouri-Columbia School of Journalism. She worked in the programming and news departments of three Columbia, Mo., radio stations—KCOU-FM, KBIA-FM and KSLQ-FM, during her undergraduate years in school. After graduation, she was hired by KRCC-TV, Jefferson City, Mo., to work in its promotion and traffic departments. In 1977, she joined the Warrenton News, a small town weekly publication owned by the St. Charles Journal, as a reporter, writer and photographer.

Ginnie Stanislaw, who joined the public relations staff late in January, received her bachelor of arts degree in communications from Maryville College. She has worked as a freelance writer for the Citizen newspapers, weekly suburban newspaper publishers. She also planned and coordinated publicity campaigns for civic and charity organizations, worked in the community relations department at Lutheran Medical Center and has worked as public relations director for a nonprofit agency assisting elderly homeowners.

Prior to joining Barnes, Mrs. Stanislaw worked in the public relations department at DePaul Community Health Center.

Barnes volunteer is Woman of Achievement

A Barnes volunteer, Sally Hermann, was recently named a St. Louis Globe-Democrat Woman of Achievement for Volunteer Service for her work at the Cancer Information Center in Barnard Hospital. The Center is sponsored by Mallinckrodt’s radiation oncology department.

Mrs. Hermann has been involved with the Cancer Information Center since its inception 2½ years ago. She has been instrumental in researching the information about a dozen life-threatening diseases, such as lung cancer, leukemia, etc., including facts about therapy, positive thinking and how to cope with terminal illness and then assembling the data into individual packets which are distributed free of charge to patients, families and visitors to the Center.

“The reason I volunteer is just that I have a definite need to do something worthwhile,” she said.

Hospital notes

The president’s office has reported the following, on staff: Dr. Robert Shively, assistant orthopedic surgeon, effective Feb. 1, 1980; Dr. Robert J. Stine, assistant general surgeon, assistant physician and director of the emergency room, effective March 1, 1980; Dr. Fred J. Hodges, III, radiologist, effective January 1, 1980.

The Medical Care Group has appointed Hugh H. Morrison, Jr., president. He was formerly associate vice-chancellor of medical affairs for WUMS.

James R. Bennett was named marketing director and Alfred W. Gatti, secretary and assistant treasurer. Dr. Lawrence L. Kahn continues as medical director.

The American Nurses Association and the Nurses Association of the American College of Obstetricians and Gynecologists Certification Corp. have jointly awarded Elsie C. Lang, of Barnes School of Nursing, certification in maternal-gynecological-neonatal nursing, with special emphasis in the clinical practice area of labor and delivery. Certification is based on assessment of knowledge, documentation of clinical practice, and endorsement by colleagues.

Dr. Jack Hartstein served as visiting eye surgeon at the Government Hospital of Nahariya, Israel, and delivered lectures in Haifa and Beersheba the last week of January.

Bob Karsh, technical director of respiratory therapy, completed his term as president of the St. Louis area district of the Missouri Society of Respiratory Therapists at a meeting November 13 in the East Pavilion auditorium. He spoke to the group about the history of the hospital and the major features of the West Pavilion. Dr. Sidney Machefsky, assistant resident in radiology, was guest speaker.

Rich Linnebecker, a Barnes assistant director, has been admitted to the American College of Hospital Administrators as a Nominee.

Dr. Rogers Deakin dies; Barnes urologic surgeon

Dr. Rogers Deakin, a Barnes urologic surgeon for 42 years before his retirement in 1968, died on February 15 at Barnes after undergoing surgery for a broken hip. He was 82.

Dr. Deakin graduated from Washington University School of Medicine in 1922. He served his surgical internship at Barnes in 1922-24 and was a surgical resident in 1924-25. He became an assistant urologic surgeon in 1926.

He is survived by his second wife Olga, two sons and two daughters. His first wife, Dorothy, died in 1966.

Barnes Bulletin

March, 1980

Published monthly for employees, doctors, volunteers, Auxiliaries, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110(314)454-3515

Charlene Bancroft, Editor
Joan Rice, Writer
Ginnie Stanislaw, Writer
Daisy Shepard, Director

Copyright 1980 by Barnes Hospital
Anesthesiologist-in-chief, Dr. Stephen, retires

Dr. C. Ronald Stephen, Barnes anesthesiologist-in-chief since 1971, retired at the end of February. He was also chairman of the department and Henry E. Mallinckrodt professor of anesthesiology for Washington University School of Medicine.

In addition to his duties here, Dr. Stephen has also been consultant to the United States Air Force and the Navy since 1960 and has been editor of Survey of Anesthesiology since 1957. He has been on the Anesthesiology Residency Review Committee and on the A.A.N.A. Council on Accreditation since 1974. He holds memberships in numerous national and international professional associations.

While at Barnes, Dr. Stephen saw many changes in operating room facilities with the opening of both the East Pavilion in 1972 and the West Pavilion this year.

A search committee has been formed to find a successor for Dr. Stephen. In the interim, Dr. Leonard Fabian will serve as acting anesthesiologist-in-chief.