Dr. Charles Edwards addressed the annual meeting of the Barnes Hospital Society Dec. 4 at the St. Louis Club.

HEW Official Urges Doctors Take Lead

Dr. Charles C. Edwards, a top Health, Education and Welfare (HEW) official, told Barnes’ doctors that physicians should take the lead in resolving pressing problems facing the health care industry.

Dr. Edwards, assistant secretary for health in the federal government, spoke at the Dec. 4 annual meeting of the Barnes Hospital Society (formerly known as Barnes and Allied Hospitals Society). He spoke of rising medical prices, quality and distribution of health care, the prospects of national health insurance and a demand for the total nationalization of the health care system.

Praising the excellence of the nation’s primary private health care system, Dr. Edwards cited Barnes Hospital and Washington University School of Medicine as “eloquent testimony to the strength and creativity of our system of health care.”

However, Dr. Edwards emphasized that “countless millions of people do not have access to necessary care because they cannot afford it or because it simply is not available.

“The demand for change is justified and irresistible,” Dr. Edwards said.

(Continued on page 2)

Dr. Charles C. Edwards

Renovation Begins To Convert Wards To Office Facilities

Renovation work has begun on a project to convert the former 1200 ward area on the first floor of the Rand Johnson building to office facilities for the departments of medical records and nursing service.

The project, which should be completed by mid-1975, will enable the hospital to consolidate all inpatient medical records work into one area and move nursing staff personnel closer to groups being supervised. The inpatient medical records department has been located in first floor areas of Barnes and Barnard hospitals. Nursing personnel have offices in the School of Nursing building.

The 1200 ward area, located along a major hospital corridor between Barnes and Queeny Tower, has contained 1200 classroom and the nursing service office. An office adjacent to and east of 1200 classroom will be used as the nursing office while the present nursing office is renovated. The temporary nurs-

(Continued on page 2)
HEW Official...

(Continued from page 1)

"And it is coming not only from within our own ranks, where one would hope to find the best sense of direction and opportunity, but from the public and from political leaders whose power to compel change is not always matched by their ability to guide it wisely and effectively.

"I hope that we have, even at this late hour, begun to turn that situation around. We have begun to develop the means of addressing the federal health enterprise at issues, rather than at programs—issues that accurately represent the health problems of the American people and the challenges to the system."

Dr. Edwards noted that those seeking to nationalize the system are not yet in a majority but said, "Forces and events cannot help but make this view more persuasive and appealing." He said that as the cost of health care rises an irreversible momentum swings toward adoption of national health insurance.

While in St. Louis, Dr. Edwards also participated in a news conference held at Barnes for local media representatives.

Dr. Edwards took office in 1973 after serving as commissioner of the Food and Drug Administration since 1969. He is a surgeon and was in private practice in Des Moines, Iowa, from 1956-61. He held positions in the American Medical Association prior to going into government service.

Renovation... (Continued from page 1)

ing office will then become a doctors' lounge. Many activities previously held in 1200 classroom are being held in the East Pavilion auditorium and in other classrooms throughout the medical complex.

A consolidation of medical records facilities is needed to allow for a more efficient operation. Tom Winston, associate director for hospital services, said the implementation of an in-house professional standards review organization and expanded inpatient auditing procedures emphasized the need for the relocation.

Medical records offices will be located on the south side of the corridor and in the ward area formerly housing patients. Nursing service offices will be located on the north side of the corridor. The corridor itself also will be renovated from Barnes Hospital to Queeny Tower. The doctors' lounge will be moved to the area previously occupied by the hospital director.

The renovated facilities will include new furnishings and carpeting and is expected to cost approximately $585,000. The project received approval in late 1974 from the Alliance for Regional Community Health (ARCH). G. L. Tarlton Co. is the general contractor.

The 1200 area became available for renovation earlier this year when the sixth and seventh floors of Rand Johnson wards were moved.

Church Group Decorates Clinic

Fourteen members of the Forum group of St. John's Methodist Church in St. Louis decorated the ear and eye clinic areas for Christmas. Members worked on a Saturday morning to complete the project, an annual one for the group.
Doctor's Notes
Dr. Donald Goodwin, a Barnes psychiatrist, recently spoke on alcoholism at the Omaha (Neb.) Mid-West Clinical Society's annual assembly.

Dr. Virginia Badger, a Barnes orthopedic surgeon, has been named Commanding Officer of the 21st General Hospital located in St. Louis. It is the first time in Missouri that a woman has been appointed to command a unit and the 21st is the largest medical reserve unit in U.S. Army history to be commanded by a woman officer.

Dr. Clarence Weldon, cardiothoracic surgeon-in-chief at Barnes, spoke on heart defects in the newborn at the 47th annual session of the American Heart Association held in Phoenix, Ariz.

Dr. John Holloszy, Barnes physician, has received an $11,853 research grant from the Muscular Dystrophy Association's Mississippi Valley Chapter.

Six Barnes doctors are making presentations during the Seventh Annual Evening Cardiology Series (Jan. 8-April 2) sponsored by the St. Louis Heart Association in cooperation with the St. Louis Academy of Family Physicians. Speakers include Dr. Alan Robson, pediatrician; Dr. Robert Paine, physician; Dr. Burton Sobel, chief cardiologist; Dr. Arthur Baue, surgeon; Dr. Antonio Hernandez, pediatrician; and Dr. Franz Steinberg, physician.

Dr. George Hill, Barnes surgeon, was a speaker at a workshop on cancer for physicians, nurses and related paramedical personnel in Cole County and central Missouri. The workshop was sponsored by Jefferson City hospitals and the Cole County Unit of the American Cancer Society.

Dr. Darryl C. DeVivo, a Barnes pediatrician, spoke at a recent conference in Columbus, Ohio. Doctors from throughout North America attended the conference to hear of research and procedures followed by physicians and nursing personnel on the patient's nursing division. Marie Rhodes, an associate director of the nursing service, is assisting in implementation of this project.

Betty Colter, operating room supervisor in Barnes operating rooms, said the visits were begun in November on a limited basis. Genitourinary patients of Dr. Robert Royce were the first patients to be visited. Plans call for expanding the program to surgical patients of other doctors.

Under the program, operating room nurses visit the surgical patient the day before surgery is to be performed and explain in detail what the patient will experience. The nurse explains that medications will be given prior to the operation, that the patient will be transported by stretcher to the operating room and that either a general or local anesthetic will be administered, depending on the operation.

The nurse explains that the patient will be taken to the recovery room after surgery and then returned to his or her own room. Explanations also cover areas such as preoperative testing, gowns worn by operating room personnel, equipment the patient may see in the operating room and the breathing exercises which may speed the patient's recovery.

Photographs showing surgical suites, equipment and operating room personnel in uniform are shown to patients so that they will not encounter a totally foreign environment when they undergo surgery.

The visits are not a substitute for surgeon-patient visits and nursing personnel do not answer questions about the patient's medical condition. Such questions are referred to the patient's doctor.

Nursing Personnel Plan Pre And Post-Op Visits
A patient facing his or her first operation can be a very frightened person—frightened by hospital routines and by a lack of understanding of what will happen prior to, during and following a surgical procedure.

The Barnes Hospital nursing service is now implementing a program of pre-operative and post-operative visits by operating room nurses to assist the patient in preparing for surgery, providing an understanding of what will be taking place and providing information which may speed the patient's recovery.

The program is designed to relieve the patient of any apprehension prior to the surgery and is in addition to normal procedures followed by physicians and nursing personnel on the patient's nursing division. Marie Rhodes, an associate director of the nursing service, is assisting in implementation of this project.

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Mrs. Colter said that currently Suzette Cieply and Judy Terry, nurses in the operating room, are conducting the pre- and post-operative visits. "Results have been very favorable," Mrs. Colter said. "Patients seem to feel more personal contact and realize that they are receiving personal care and attention."

"At one time surgical patients were supposed to accept without question or understanding what happened to them in connection with surgery. Today, more than ever, patients see themselves as consumers of health care and we have an obligation to help them understand what they will be experiencing. During the visits, our nurses encourage them to ask questions and we feel that the patient will be less afraid, less apprehensive about surgery, because of our visits."

Nurses take time with each patient to explain procedures and give the patient a chance to ask as many questions as the patient wants to ask. A normal pre-operative visit may last more than one-half hour.

Post-operative visits, the day following surgery, are designed to follow through with the care of each patient, to assure the patient that he or she is still receiving the care which is needed and to serve as a check to determine whether pre-operative visits are and have been effective. Post-operative visits normally average one-quarter hour in length.
If things get rougher in 1975, it may be good for your health—if you eat more roughage, that is. Roughage, or, more accurately, high bulk foods, or dietary fiber, is believed to help prevent many disorders, from appendicitis to varicose veins.

In fact, the list includes gallbladder disease, colon cancer, cardiovascular conditions, obesity and diabetes. Highly respected medical experts concur in this and deny that eating roughage is on a par with food fads, even though it does seem unusual that such a broad variety of conditions could have the same cause—lack of dietary fiber.

One of the most clearly demonstrated relationships is in management of diverticular disease of the colon. Dr. David H. Alpers, Barnes gastroenterologist, says, "Years ago, people put together fancy diets which did no good and could be harmful, so we're spending a lot of time reteaching patients."

Dr. Alpers said that one misconception was that a low roughage diet would help patients with diverticulitis. "The opposite is true," he pointed out. "A high bulk diet is better. The sigmoid is normally the narrowest part of the colon. Contractions of the colon can cause high pressure and cause diverticular disease. High bulk foods force the lower end of the sigmoid to open and decrease pressure in the colon."

"The trouble is, when people don't feel bad, they don't bother to take care of their digestive system."

General effects of high fiber diets have been noted as far back as the 16th century. Laxative effects of bran and other high bulk foods were first studied in the mid-1930's. "Another effect of high bulk is to speed up transit time through the alimentary canal," Dr. Alpers said. "There is a theory in colon cancer that some things is to speed up transit time through the alimentary canal," Dr. Alpers said. "There is an effect of high bulk which did no good and could be harmful, so we're spending a lot of time reteaching patients."

Studies show that individuals on high fiber diets pass food through the gut almost three times faster than those on low fiber diets.

What foods, then, are high in fiber content? Dr. Alpers says it's really difficult, today, to get enough fiber. "Everything is more refined today. Flour is refined, and it's almost impossible to get raw sugar. The best source of fiber is coarse bran, which you can buy in a health food store. Two teaspoons of bran three times a day is enough to really make a difference."

Other foods have varying amounts of fiber, and many don't have as much roughage as people think. A medium size apple, for instance, is only .9 grams of high bulk residue (undigested material determined by a chemical process). A pear, by comparison, contains 2.5 grams of fiber. A slice of white bread has only .04 grams, while a whole wheat muffin will have .6 grams.

"Some items are confusing such as lettuce, which, while high in fiber, is 90 per cent water," Dr. Alpers pointed out. "Two large lettuce leaves have .3 grams of fiber content. In order to get as much fiber as 2 teaspoons of bran you'd have to eat 50 large leaves."

Some foods which are high in fiber content are bran breakfast foods, raisins, squash, lima beans, parsnips, blueberries, raspberries, dates, pears, coconut and brazil nuts.

"The trouble is, when people don't feel bad, they don't bother to take care of their digestive system," said Dr. Alpers. He cited a study comparing three groups of Japanese—those who lived their entire lives in Japan, eating a diet based on grains; those who moved to the U.S. before adulthood and those who lived on U.S. diet all their lives. (The American diet is heavily based on animal and dairy protein nearly all of which is digested with no residue.)

The study revealed that the lowest rate for colon cancer was in Japanese who lived their entire lives in Japan on a high bulk diet. Another significant finding of the study was that Japanese who came to this country in childhood still had less colon cancer than American born Japanese, which indicated that the high bulk diet in childhood seemed to give them some protection, even though later they ate the U.S. high animal fat diet.

"In underdeveloped countries, where people are starving, there is much research going on into nutrition. But the data from these areas doesn't necessarily apply in our country."

"For people with real problems, such as diverticular disease or spastic colon, we recommend a medication which is extract of psyllium seeds," said Dr. Alpers. "This is because people take a medicine when they won't take the time or effort to plan their nutrition."

And, as the Barnes gastroenterologist pointed out, it takes real commitment to get enough roughage in the diet. "We still don't know enough about the part diet plays in good health," he said. "What we need is more epidemiological studies of digestive diseases. This will take a national health policy which recognizes that nutrition is vitally important. In underdeveloped countries, where people are starving, there is much research going on into nutrition. But the data from these areas doesn't necessarily apply in our country. Since no one knows exactly what the impact of diet is on our health, and not too many are starving in the U.S., there just aren't enough studies being conducted."
What information is available, however, does point to the fact that Americans need more dietary fiber in their diets. Many investigators say that the radical change in intake of roughage foods is in direct relationship to higher incidence of many diseases. Until 1850, the general population ate less highly milled flour, more potatoes and wholemeal cereals. One piece of evidence that supports this belief is that while ischemic heart disease increased in Britain from 1930 to 1970, it decreased slightly during World War II when the British were eating fairly high amounts of fiber in their flour in order to conserve wheat.

Dr. Alpers agrees with his colleagues that things should get rougher—in the diet. "This is no food fad. It's based on factual information that has led to rational therapy for certain diseases."
Lens Implants Aid Cataract Patients

Barnes ophthalmologists are now among a select number of doctors in the United States who are using a relatively new procedure to treat the major cause of reversible sight impairment—cataracts, a clouding of the lens.

Ophthalmic surgeons are implanting man-made lenses in the eye of cataract patients who have had the cataract removed. This lens, called an intraocular lens implant, has been utilized in Europe since 1949 but only recently have ophthalmologists in the United States begun to implant lenses.

Dr. Bernard Becker, ophthalmologist-in-chief at Barnes, said that approximately 15 Barnes ophthalmic surgeons have been using the intraocular implant for the past year and that their preliminary reports show favorable results.

Persons with a cataract in one or both eyes have, in the past, had only two choices following removal of the cataract. They could wear cataract glasses or contact lenses. Cataract glasses magnify objects, cause a distorted perception of distance and are cosmetically unattractive to many patients. They cannot be used by patients with cataract surgery in only one eye.

Contact lenses provide more normal vision and depth perception but many persons, especially older persons and those who are nervous, may not be able to wear them.

The implant eliminates the need to wear cataract glasses or contact lenses. While most patients who receive the implant need corrective lenses for their regular glasses, the implant provides normal visual fields, image size and depth perception.

Patients receiving the intraocular implant normally undergo surgery the day after entering the hospital. An incision is made above the pupil and the cataract is removed. The implant is then placed in the eye in the same place previously occupied by the cataract. Patients are hospitalized for only a few days.

The implant may be one of several different types, depending on the need of the patient, and can be either sutured into place or slipped into place so that nylon loops extending from the lens fit around the iris of the eye. The implant is made from a highly purified form of the plastic used to make contact lenses.

The first intraocular implant was done in England in 1949 but doctors in the United States only recently began implanting the man-made lens. The design of the lens has been greatly improved and good results have been seen during recent years as European doctors have used the implant procedure.

Two leading doctors in the field of intraocular implants are Dr. Jan Worst and Dr. C. D. Binkhorst, both of Holland. Dr. Worst lectured in the medical complex in 1973 and Dr. Binkhorst will visit Barnes in September of this year.

Dr. Becker said that approximately 400,000 cataract operations will be performed in the United States this year and that from July 1, 1973 to May 1, 1974, 1,800 cataract operations were performed at Barnes. He said that so far only a small percentage of the cataract patients are receiving the intraocular implant, due, in part, to the shortage of lenses available for implantation.

Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Nov. 20, 1974 to December 19, 1974.

In Memory Of:

Mr. Forrest Murphy
Mr. and Mrs. Norfleet H. Rand

Mr. Lee Livingston
Mr. and Mrs. William H. Margerin

Mr. Richard Ross Gruetzemacher
Ann and Jerry Marks

Mrs. Harriet F. Bland
Mr. and Mrs. Norfleet H. Rand

Mrs. Bernice Laba
Dr. and Mrs. Henry G. Schwartz

Mrs. Clark Behler
Mr. Val Tiehes

Mother of Judge Joseph F. Baca
Juanaita and Michael Fuller

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Student Nurses Play “Victims” In Disaster Drill

Twenty students from the Barnes school of Nursing portrayed “victims” of a plane crash as the hospital tested the recently-revised disaster plan.

The major change in the disaster plan was the moving of disaster control from administrative offices in the East Pavilion to the emergency room’s waiting area in the clinics building. Tom Winston, an associate administrator and chairman of the disaster committee, said that minor changes have also been made in procedures and responsibilities.

Mr. Winston said the committee was pleased with the results of the drill. "The patients’ were triaged quickly and moved to secondary treatment centers. I believe we also performed well in patient identification and processing the needed paperwork.”

Other disaster drills, without casualties, are planned for Jan. 8 and Jan. 16 to acquaint evening and night shift personnel with disaster procedures.
Gifts To Barnes Tribute Fund

(Continued from page 6)

Emmy Bear
Moss and Lowenhaupt Cigar Company

Mr. Harry Bilinsky
Mr. and Mrs. Darwin Portman

Howard E. Ridgway
Emily and Francis Wetta

Mrs. Clara Huehnerhoff
Emily and Francis Wetta

A. B. Lansing
Mr. Henry Belz
Mr. and Mrs. Richmond C. Coburn

Connie Rosenbaum
Dr. and Mrs. Harold Joseph

Sylvia Fishel
Dr. and Mrs. Harold Joseph

Sidney M. Stadt
Dr. and Mrs. Rommel Hildreth
Mr. and Mrs. Raymond E. Rowland

Mr. Joseph Ross
Miss Nancy E. Schaffer
Audrey Ross

Dorothy Lee Pelton
Mr. and Mrs. Charles H. Sommer
Mr. and Mrs. Richmond C. Coburn

Barnes Hospital Board of Directors and Administration

Mr. Simon Packman
The Pharmacy Department
Gerry and Leonard Berg
Mr. and Mrs. George Canada

Mrs. John M. Black
Mr. and Mrs. Richmond C. Coburn

Dorothy Pershall Belz
Mr. and Mrs. Richmond C. Coburn

Dan Menser
Mr. and Mrs. Joe Rickman

Eleanor Bemberg
Mr. and Mrs. George Voyles

In Honor Of The Recovery Of:

Dr. Marvin Levin
Dr. and Mrs. Harold Joseph
Dr. and Mrs. Leonard Berg

Dr. Jerome Levy
Dr. and Mrs. Harold Joseph

In Appreciation of Barnes Hospital

Bernice Scott

Anonymous

Nurses Flying To Help

Nurses are known to help others during time off duty but three Barnes registered nurses have taken their help to new heights.

RNs Karen Bryant of the emergency room, Mary Campbell of the coronary care unit and Bette Bates, a senior nurse anesthesia student, are members of an Air Force Reserve unit at Scott Air Force Base, Ill. They fly with Air Force planes transporting military and some non-military patients to many service hospitals throughout the United States.

The nurses serve as medical crew directors, supervising medication schedules and medical record-keeping during flights, and supervise medical technicians. The nurses normally fly once or twice a month and also help in training other reserve nurses and medical technicians.

Flights are throughout the continental United States although some flights go to Labrador, Bermuda and Cuba. The nurses are in charge of health care for up to 40 patients for each "hospitalship" known as "Nightingales."

Miss Campbell, who has been a Barnes nurse for more than three years, said that a normal "mission" would include stops in seven or eight cities as patients with a variety of illnesses or injuries are transported to hospitals for specialized treatments. "We put in a long day, usually beginning about 5 a.m. and ending around 7 p.m., Miss Campbell said. "We occasionally have to spend a night away from Scott."

Miss Campbell said she has cared for former prisoners-of-war and a patient about to have a heart transplant. She said another flight had transported a former Barnes patient to Seattle, Ore., for a bone marrow transplant.

"Nightingales" are medically-equipped DC-9 airliners which carry modern patient care equipment. Miss Campbell said she has attended to several patients attached to cardiac monitors while being transported. "We all enjoy flying," Miss Campbell explained, "and it's a way for us to use our skills to help others at the same time."

In Appreciation of Barnes Hospital

Bernice Scott

Anonymous

Maintenance Preparing To Move To New Offices

Maintenance employees have been preparing new offices for the maintenance department. Workers have partitioned-off office areas in a location on the ground floor of the East Pavilion formerly used as a housekeeping store-room.

Dillon Trulove, assistant director for hospital services, said that maintenance offices are expected to be relocated shortly after the first of this year.

In Honor Of:

Jennifer Brooks
Mr. and Mrs. Robert Erickson

Dr. Eugene M. Bricker
Mrs. Charles Goldman
Mr. and Mrs. Marcus Goldman

In Appreciation of Barnes Hospital

Bernice Scott

Anonymous

British Club Gives Toys For Young Eye Patients

Many children visiting the Barnes eye clinic or who are ear, eye, nose and throat patients in the hospital received Christmas gifts this year, compliments of the Daughters of the British Empire.

Mrs. Maisie Breckenridge, a member of the club and a Barnes volunteer, said the club each year distributes gifts to various organizations.

The gifts were distributed through Ruth Barr, supervisor of occupational therapy in ophthalmology, to children in the eye clinic and on the seventh and eighth floors of the East Pavilion.

Representing the club at presentation activities in the eye clinic were Mrs. Breckenridge, Mrs. Kitty Stahlhut and Mrs. Sheila Randall. Mrs. Randall is the wife of the British Consul General in St. Louis.

Young eye patients play with Christmas toys.
Retiree Plans Volunteer Work

Mrs. Ruth L. Berg, a nurse at Barnes since 1942, retired Dec. 1 after 32 years at Barnes.

Mrs. Berg, a native of Arian, Iowa, moved to St. Louis with her husband in 1941. She began work in 1200 ward and then worked on 2100 in what was then the private pavilion. Subsequently, she worked on the sixth, seventh and eighth floors of Rand Johnson and most recently was assigned to the ninth floor of the East Pavilion.

"I really feel like Barnes is my second home," Mrs. Berg said. "Retirement will be quite an adjustment for me but I hope to come back to do volunteer work."

She received a certificate of appreciation from hospital President Robert E. Frank and also was honored by her fellow employees with a party in 1200 classroom. Employees presented her with gifts.

She plans to "take it easy" during her retirement and visit relatives in Colorado, Iowa and Pennsylvania.

Carolers Visit Barnes

Among groups singing Christmas carols at Barnes Hospital in December were the Barnes School of Nursing, a Washington University fraternity, students from the Washington University School of Medicine and children from Westminster Church of God in St. Louis.

Birthday Party Set

The next birthday party for Barnes Hospital employees will be at 2:15 p.m., Monday, Jan. 20, in the employee cafeteria.

Yadwiga Belkin, OR Nurse, Gains Degree

Yadwiga Belkin, a staff nurse in Barnes operating rooms, has literally come a long way from her childhood in the Soviet Union and recently celebrated another high point in her life when she obtained her bachelor's degree in psychology at the University of Missouri-St. Louis.

Mrs. Belkin, who has been a Barnes employee since 1957, obtained the degree through the Barnes Tuition Reimbursement Program.

Born in Russia, Mrs. Belkin emigrated to Spain during World War II after German troops had occupied her home area for two years. While in Spain she received a degree as a professional nurse from University of Valladolid.

She came to the United States in 1956 and lived in Alton, Ill., with her parents who had moved there from Russia. She was employed as a junior staff nurse in 1957 and has been a registered staff nurse since obtaining her Missouri registration in 1967.

Mrs. Belkin and her husband, an attorney, live in North St. Louis County and a son lives in Spain.

Under the Tuition Reimbursement Program, Barnes employees may receive one-half of the amount spent on tuition for courses related to present jobs or to jobs to which they could be promoted in the future. The program applies to courses in college, below college level and technical training.

Employees whose career goals coincide with the hospital's needs may receive reimbursement for the remaining half of tuition cost upon completion of work for a degree, certificate or professional registration.